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MARIPOSA COUNTY RESOLUTION No. 83-37

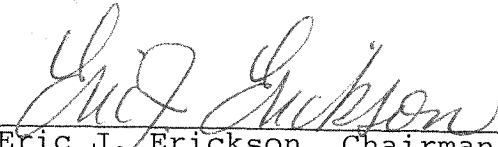
JOINT POWERS PROPOSAL FOR JOB TRAINING
PARTNERSHIP ACT

RESOLVED by the Board of Supervisors of Mariposa County that Mariposa County intends to execute a negotiated joint powers agreement with Amador, Calaveras, and Tuolumne Counties for the purpose of establishing a Service Delivery Area to provide job training programs under the Job Training Partnership Act.

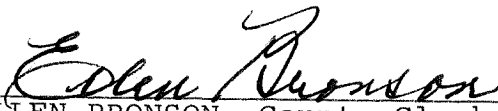
RESOLVED FURTHER, that the Chairman of the Board of Supervisors be authorized to sign the Application for Service Delivery Area Designation, attached hereto as Exhibit A, on behalf of the County of Mariposa, and to designate thereon as the local contact person CETA Director Paul Watts.

PASSED AND ADOPTED this 8th day of February, 1983, by the Board of Supervisors of Mariposa County by the following vote:

AYES: Taber, Dalton, Barrick, Erickson and Moffitt
NOES: None
ABSENT: None
ABSTAINED: None


Eric J. Erickson, Chairman
Board of Supervisors

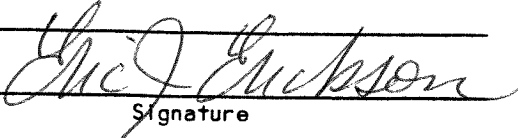
ATTEST:


ELLEN BRONSON, County Clerk and
Ex Officio Clerk of the Board

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY:


RICHARD K. DENHALTER, County Counsel

Part B; Sign in the spaces below to indicate application for consortia SDA designation.

1. Signed for the County/~~City~~ of MARIPOSA
 Eric J. Erickson, Chairman
 by Board of Supervisors, 
 Type name and Title of Chief elected official Signature

on this date _____

2. Signed for the County/City of _____

by _____,
 Type name and Title of Chief elected official Signature

on this date _____

3. Signed for the County/City of _____

by _____,
 Type name and Title of Chief elected official Signature

on this date _____

4. Signed for the County/City of _____

by _____,
 Type name and Title of Chief elected official Signature

on this date _____

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by _____,
 Type name and Title of Chief elected official Signature

on this date _____

6. Signed for the County/City of _____

by _____,
 Type name and Title of Chief elected official Signature

on this date _____

7. Signed for the County/City of _____

by _____,
 Type name and Title of Chief elected official Signature

on this date _____

Please type the name and telephone number of a locally designated contact person

PAUL WATTS, CETA Director, (209) 966-3643