

MARIPOSA COUNTY RESOLUTION NO. 83-310


BE IT HEREBY RESOLVED by the Board of Supervisors of Mariposa County, a political subdivision of the State of California, that the Board of Supervisors hereby approved the following document, and Chairman, ERIC J. ERICKSON, is hereby authorized to sign same:

Release Form for Expired Energy Crisis Intervention Contract


No. 8300-040

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this      1st day of November, 1983, by the following vote:


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

  
ERIC J. ERICKSON, Chairman  
Mariposa County Board of Supervisors

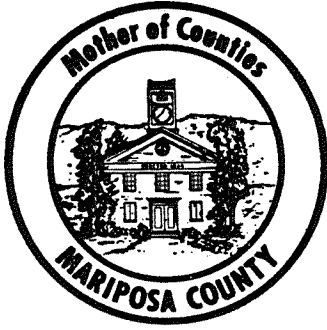
ATTEST:

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

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY:

  
JEFFREY G. GREEN  
County Counsel

#3



**MARIPOSA COUNTY  
DEPARTMENT OF SOCIAL WELFARE**

**Health and Welfare Building  
Hwy. 49 near Jct. Hwy. 140**

JEANNIE NIX-TEMPLE, Director  
Telephone: (209) 966-3609

POST OFFICE BOX 7  
MARIPOSA, CALIFORNIA 95338

October 27, 1983

TO: HONORABLE BOARD OF SUPERVISORS

FROM: Jeannie Nix-Temple, Welfare Director

SUBJECT: Energy Crisis Intervention Program Expiration

The Energy Crisis Intervention Contract #8300-040 expired on September 30, 1983. The Office of Economic Opportunity requires that the balance of funds in the ECIP account be returned to the State along with the Release Form.

Please authorize the Chairman to sign the Release Form so that the close-out of the contract may be completed.

Sincerely,

*Jeannie Nix-Temple*  
Jeannie Nix-Temple  
Mariposa County Welfare Director

ENTRY DATE	INVOICE DATE	REFERENCE	AMOUNT OF INVOICE	BALANCE
	10/25/83	Close out of contract 8300 040	7,845.34	
		Total:	7,845.34	

ATTACHED WE HAND YOU OUR WARRANT IN PAYMENT OF ITEMS LISTED

COUNTY OF MARIPOSA

TO: TREASURER  
COUNTY OF MARIPOSA, CALIF.

## COUNTY OF MARIPOSA

MARIPOSA, CALIFORNIA

PAYABLE THROUGH  
11-35/1210

No. **10987**

DATE  
10/25/83

WARRANT NO.  
10987

AMOUNT  
\$7,845.34

PAY \*\*\*\*7,845 DOLLARS AND 34 CENTS

TO THE ORDER OF

California State  
Office of Economic Opportunity  
1600 Ninth Street Room 340  
Sacramento, CA 95814

*Ernie N. Jones* DEPU  
COUNTY OF MARIPOSA - BARBARA P. SAYE, AUDITOR

⑈010987⑈ ⑆121000358⑆ 00852⑈90001⑈

FINANCIAL STATUS REPORT (ENCLOSURE 2)

Contractor Name: Mariposa County Dept. of Social Welfare

Contract No. 8300 040

Reimbursements

<u>Amount</u>	<u>Date Received</u>	<u>Expenditures</u>	<u>Date Incurred</u>
<u>7500.00</u>	<u>1/5/83</u>	<u>3721.86</u>	<u>Oct, November Dec, Jan</u>
<u>3607.88</u>	<u>3/11</u>	<u>7466.69</u>	<u>Feb</u>
<u>4883.38</u>	<u>3/30</u>	<u>2481.41</u>	<u>Mar</u>
<u>4908.18</u>	<u>5/20</u>	<u>4443.84</u>	<u>April</u>
<u>7730.76</u>	<u>6/23</u>	<u>3443.08</u>	<u>May</u>
<u>14,750.00</u>	<u>7/13</u>	<u>8431.13</u>	<u>June</u>
<u>784.40</u>	<u>8/11</u>	<u>3654.32</u>	<u>July</u>
<u>3569.82</u>	<u>8/26</u>	<u>2683.55</u>	<u>August</u>
		<u>3563.20</u>	<u>September</u>
<b>TOTAL</b> <u>47,734.42</u>		<b>TOTAL</b> <u>39,889.08</u>	

Jeannie Nix-Temple  
Authorized Signature

October 25, 1983  
Date

Jeannie Nix-Temple, Director  
Typed Name and Title

# OEO

## Form 62

### MONTHLY ACTIVITY REPORT

Grantee's Name: Mariposa County Dept. of Social Welfare Submittal Month: SEPTEMBER  
 Contract Number: 8300 040

V. ANNUAL INCOME OF ASSISTED HOUSEHOLDS:

NEW Number Served REPEATS Year-to-Date

ANNUAL INCOME OF ASSISTED HOUSEHOLDS:	NEW Number Served	REPEATS	Year-to-Date
A. Under \$2,000			
B. \$2,000 - \$3,999	2	1	3
C. \$4,000 - \$5,999	4	2	8
D. \$6,000 - \$7,999	2	5	16
E. \$8,000 - \$9,999		1	5
F. 10,000 - \$11,999	1	1	3
G. 12,000 - \$14,999			2
H. 15,000 - and over			1
TOTAL	9	10	38

VI. TYPE OF PAYMENTS PER HOUSEHOLD:

NEW Number REPEATS Year-to-Date

TYPE OF PAYMENTS PER HOUSEHOLD:	NEW Number	REPEATS	Year-to-Date
A. Utility shut-off notice	3	5	19
B. Energy termination	1		1
C. Establish a new energy account (after energy services have been involuntarily terminated)	1	1	3
D. Delinquent utility bill (over 1 month old)	2	2	5
E. Space heating devices (where no alternative source of heating is reasonably available)			
F. Essential Firewood			
G. Essential Coal			
H. Essential Butane <b>PROPANE</b>	2	2	14
I. Emergency repairs to heating & cooling units			
J. Life support or climatic and temperature control systems (medical condition)			
TOTAL	9	10	42

Charlotte Wilson  
Prepared by

10/4/83  
Date

Charlotte Wilson, Coordinator  
Typed Name and Title

Annie Nix-Temple  
Authorized Signature

10/4/83  
Date

Jeannie Nix-Temple, Director  
Typed Name and Title

## Form 62

### MONTHLY ACTIVITY REPORT

Grantee's Name: Mariposa County Dept of  
Social Welfare

Submittal Month: SEPTEMBER

Contract Number: 8300 040

#### III. INTAKE ACTIVITIES:

	Month	Year-to-Date
A. No. Applications Received	24	282
B. No. Applications Certified Eligible	19	262
C. No. Applications Determined not Eligible	1	16
D. No. Fair Hearing Forms Distributed	1	3
E. No. Eligible Applicants Awaiting Payment		
D. No. Eligible Applicants Who have Received Benefits	19	262

There are 4 applications that are still pending because of additional information that is requested before certification can be made.

#### IV. GROUPS SERVED:

	MONTHLY APPLICANTS				YEAR-TO-DATE ELIGIBLE APPLICANTS			
	Number Households	Male	Female	Number Family Members	Number Households	Male	Female	Number Family Members
ELDERLY	5		5	5	24	1	23	29
DISABLED					12	6	6	14
NATIVE AMERICANS	1	1		2	33	13	20	93
MIGRANTS								
LIMITED ENGLISH SPEAKING					7	2	5	36
OTHER	18	8	11	55	186	51	133	651
MONTHLY TOTALS	24	9	16	62	262	73	187	823

Form 62

MONTHLY ACTIVITY REPORT

Grantee's Name: Mariposa County Dept. of Social Welfare Submittal Month: SEPTEMBER  
Contract Number: 8300 040

The Grantee shall maintain records to support the accumulated data requested for monitoring purposes by the State.

I. OUTREACH:

A. Information Requests: Group: Month 0; YTD 2  
Individual: Month 24; YTD 114

Describe Requests: \_\_\_\_\_

B. Presentations Given: Group: Month 0; YTD 2  
Individual: Month 0; YTD 4

C. Describe Media Activities: \_\_\_\_\_

II. OTHER PROGRAM SERVICES: Describe agency's involvement in the following activities and quantify where possible; i.e., number served, organizations contacted, leaflets distributed, etc.:

A. Home Energy Assistance Outreach: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

N/A

B. Energy Conservation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Other Activities to Enroll Eligible Individuals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# OEO Form 53B

OFFICE OF ECONOMIC OPPORTUNITY  
MONTHLY REPORT OF EXPENDITURES

Low Income Household Energy Assistance Program/Energy Crisis Intervention Program

PROJECT CODE: 808 ECIP. CONTRACT NO. 8300-040 REPORT MO. Sept DATE 10 24 -8

**To:**  
CSOEO/ECIP UNIT  
P. O. BOX 780  
SACRAMENTO, CA 95804

**Advance Request: \$** \_\_\_\_\_

**from:**  
Mariposa County Dept.  
of Social Welfare  
P.O.Box 7  
Mariposa, CA 95338

COST CATEGORY	BUDGET	EXPENDITURES			BALANCE
		REPORT MONTH	ADJUSTMENTS	TOTAL TO DATE	
Direct Payments	47,382.00	1896.68	(1336.69)	4955.27	42,426.73
Direct Program Services	8,775.00	2303.21		4245.80	4,529.20
Administrative Overhead	2,843.00	700.00		700.00	2,143.00
<b>TOTAL</b>	<b>59,000.00</b>	<b>4899.89</b>	<b>(1336.69)</b>	<b>9901.07</b>	<b>49,098.93</b>

**FINANCIAL STATEMENT CERTIFICATION:**

Amounts claimed on this report constitute allowable costs in accordance with the terms of the contract.

*Charlotte Wilson*

Prepared by

(209) 966 3609 Charlotte Wilson, Coordinator  
Phone Number Typed Name and Title

*Jeannie Nix-Temple*  
Authorized Signature

Jeannie Nix-Temple, Director  
Typed Name and Title

## OEO USE ONLY

Report Mo. Total	(-) 10% With-held	(-) Advance Liquidated	(=) Monthly Net Payment	COMMENTS:
Cum. Cash Requested	(-) 10% With-held	(-) Cum. Expenditures	(=) Cash on Hand	

APPROVED FOR PAYMENT BY OEO Yes: \_\_\_\_\_



Contract Number 8300 040

FINAL INVENTORY CERTIFICATE

I do hereby as Director of Mariposa County Dept. of Social Welfare  
(Title) (Name of Contractor)

certify that the attached inventory schedules are complete and correctly list and describe all items of materials and equipment furnished to the contractor of for which the contractor has been or will be reimbursed by the grantor for use in the performance of contract number 8300 040, with the California State Office of Economic Opportunity, which as of this date have not been consumed in performance this contract; and that I will immediately notify the grantor of any change affecting these inventory schedules at any time prior to final disposition of the inventory.

- 1 Four Drawer File Cabinet
- 1 Sharp 9EL-1193S) Calculator
- 1 IBM Selectric III Typewriter

Jeannie Nix-Temple  
Signature

Jeannie Nix-Temple, Director  
Typed Name and Title

October 25, 1983  
Date

Property Officer's certification and disposition notice:

I do hereby certify that the inventory schedules submitted by the above contractor are in conformity with the records kept by this office and I have made or shall make the following disposition of the residual Federal Government Property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Officer

\_\_\_\_\_  
Typed Name and Title

RELEASE FORM (Enclosure 6)

Pursuant to the terms of contract number 8300 040 and in consideration of the sum of Thirtynine Thousand Eight Hundred <sup>(S)</sup> 39,889.08 Eighty Nine Dollars and Eight cents (payable)

which has been or is to be paid under the said contract to Mariposa County Dept. of Social Welfare P.O.Box 7 Mariposa, CA 95338 (contractor name and address)

hereinafter called the contractor, or its assignees, if any, the contractor upon payment of the said sum by the California State Office of Economic Opportunity hereinafter called the grantor, does remise, release, and discharge the grantor, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract except:

- 1. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the contractor to third parties arising out of the performance of the said contract which are not known to the contractor on the date of the execution of this release and of which the contractor gives notice in writing to the grantor.

IN WITNESS WHEREOF, this release has been executed this 1st day of November, 19 83.

Eric Erickson  
Signature of authorized official of contractor

Eric Erickson, Chairman, Bd. of Supervisors  
Typed name and title

WITNESSES: \_\_\_\_\_  
\_\_\_\_\_

Note: In the case of a corporation, witnesses are not required, but the certificate below must be completed:

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_ (Title)  
(Typed name)  
of the corporation named as contractor in the foregoing release; that \_\_\_\_\_ who signed said release on behalf of the contractor was then \_\_\_\_\_ (Title of said corporation; that said release was duly signed for and in behalf of said corporation by authority of its governing body is within the scope of its corporate powers.

(CORPORATE SEAL)

\_\_\_\_\_  
Signature

## CONTRACTOR SUBMITTAL OF CLOSE-OUT DOCUMENTS

ENCLOSURE 7

Contractor's Name and Address

Date

Contract #

Mariposa County Dept. of Social Welfare  
P.O.Box 7  
Mariposa, CA 95338

October 25, 1983

8300 040

As you requested in the contract close-out notification letter dated \_\_\_\_\_  
I have taken actions related to the close-out of subject contract and am enclosing  
required close-out documents as follows: (Check appropriate boxes. Each item must  
be covered. Explain fully any item not submitted. Use separate sheet, if necessary.)

Enclosed

Unable to furnish

Explanation:

1. Refund Check

Explanation:

2. Financial Status Report

Explanation:

3. Final Activity Report, Form 62, 62B

Explanation:

4. Final Report of Expenditures

Explanation:

5. Final Inventory

Explanation:

6. Release Form

*Juanita Nijo-Temple*  
Authorized Signature