

AGENDA TRANSMITTAL FORM

UC

To: **Board of Supervisors**

Date: 6/18/07

From: Mark J. Giannini, Chief Probation Officer Phone Ext. 553
(Department Head - please type)

Department Head Signature Mark J. Giannini

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>6/26/07</u>	

Agenda Title: Approval of Agreement #781-SO711 with El Dorado County.

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)

This is to request approval for Amador County to enter into an Agreement with El Dorado County for two (2) secure contract bed spaces at \$100/per day, per bed. Funds have been approved in the preliminary budget for FY 07/08.

Recommendation/Requested Action:

Approval signatures in BLUE ink on two original Agreements.

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts
N/A

Already included in FY 07/08 budget.

Is a 4/5ths vote required?

Yes _____ No _____

Contract Attached:	Yes <u>XXX</u>	No _____	N/A _____
Resolution Attached:	Yes _____	No <u>XXX</u>	N/A _____
Ordinance Attached:	Yes _____	No _____	N/A <u>XX</u>

Committee Review? N/A

Name: _____

Committee Recommendation: _____

Comments: No resolution is required for this Agreement.

Request Reviewed by:

Chairman _____

Counsel mpj

Auditor EDJ

GSA Director Jon Hopkins by Monica O. Boyd

CAO _____

Risk Management Y

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)

Probation

FOR CLERK USE ONLY

Meeting Date 6/26/07

Time 9:00 am

Item # 4C

Board Action: Approved Yes X No _____

Unanimous Vote: Yes X No _____

Ayes: all

Resolution _____ Ordinance _____

Other: _____

Noes: _____

Resolution _____ Ordinance _____

Absent: LB

Comments: _____

Distributed on 6/27/07
Completed by JM

A new ATF is required from _____
Department _____
For meeting _____
of _____

I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors.
ATTEST: Priscilla Muranaga
Clerk or Deputy Board Clerk