

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 16, 2013

From: Brian Oneto, District V Supervisor
(Department Head - please type)

Phone Ext. _____

- | | |
|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> | Regular Agenda |
| <input type="checkbox"/> | Consent Agenda |
| <input type="checkbox"/> | Blue Slip |
| <input type="checkbox"/> | Closed Session |

Meeting Date Requested:
January 22, 2013

Department Head Signature _____

Agenda Title: Gun Control

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Discussion and possible action relative to the recent gun control debate and potential future legislation regarding firearms law.

Recommendation/Requested Action:

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A

Committee Review? N/A

Resolution Attached: Yes No N/A

Name _____

Ordinance Attached: Yes No N/A

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel _____

Auditor EJL GSA Director lop

CAO _____ Risk Management _____

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

FOR CLERK USE ONLY

Meeting Date 1/22/13 Time _____ Item # 5

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department	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.
Completed by _____	For meeting of _____	
		ATTEST: _____ Clerk or Deputy Board Clerk

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 16, 2013

From: Theodore F. Novelli, District III Supervisor
(Department Head - please type)

Phone Ext. _____

- Regular Agenda
- Consent Agenda
- Blue Slip
- Closed Session

Meeting Date Requested:
January 22, 2013

Department Head Signature _____

Agenda Title: Kirkwood Out-Valley Transmission Line

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Discussion and possible action relative to a presentation by Kirkwood Public Utility District representatives regarding the status of the subject project.

Recommendation/Requested Action:

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
Resolution Attached: Yes No N/A
Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel GC

Auditor EJL GSA Director WOP

CAO _____ Risk Management _____

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

FOR CLERK USE ONLY

Meeting Date 1/22/13 Time _____ Item # 6

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on

A new ATF is required from

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.

Completed by

Department
For meeting
of

ATTEST: _____
Clerk or Deputy Board Clerk



Jennifer Burns <jburns@amadorgov.org>

Re: FW: Kirkwood Out Valley Transmission Line

3 messages

Theodore Novelli <tnovelli@amadorgov.org>

Tue, Dec 18, 2012 at 3:53 PM

To: Sandy McKay <kmpudsm@volcano.net>, Jennifer Burns <jburns@amadorgov.org>

Sandy McKay

Okay Thank You

Let me know ASAP if You change on power point

You are on the Calendar, for January, 22nd., Tuesday, Approximately o900Hrs., 810 Court Street , Jackson California.

Any Changes Please Let Me Know, ASAP.

Thank You

Ted Novelli

Cell# 209/770/3583

Office 209/223/6493

[REDACTED]

On Tue, Dec 18, 2012 at 9:29 AM, Sandy McKay <kmpudsm@volcano.net> wrote:

Hi Ted. I just spoke to Michael and he would prefer not to do a power point presentation, but simply take about 10-15 minutes to do an overall update, with Michelle/RCI talking about the design/construction aspects of the project, and then take any questions. Sorry for the confusion!

Thanks,

Sandy

From: Sandy McKay [mailto:kmpudsm@volcano.net]**Sent:** Tuesday, December 18, 2012 9:14 AM**To:** 'Theodore Novelli'**Subject:** RE: Kirkwood Out Valley Transmission Line

Thank you Ted. A brief presentation with handouts (no power point) will take about 10 - 15 minutes and then allow for questions. If you think a full power point presentation would be more beneficial, it would be about 20 - 25 minutes. Hope this helps. Look forward to hearing a date for the meeting. Happy Holidays to you as well!

Sandy

From: Theodore Novelli [mailto:tnovelli@amadorgov.org]**Sent:** Tuesday, December 18, 2012 5:46 AM**To:** Sandy McKay**Subject:** Re: Kirkwood Out Valley Transmission Line

Sandy McKay

Thank You

Happy Holidays

I will get back to you with some dates and times.

Please, if possible, time length in presentation???

Thanks Again

Looking forward the meeting

Ted Novelli

On Mon, Dec 17, 2012 at 2:29 PM, Sandy McKay <kmpudsm@volcano.net> wrote:

Hi Ted. Michael Sharp has asked me to contact you to request that we be placed on the agenda for your January Board of Supervisors meeting. Michael along with Michelle Gamble from Resource Concepts, Inc. would like to present an update on the District's progress with the Out-Valley Transmission Line project. Please let me know if you need any additional information, and when the [REDACTED] scheduled. I look forward to hearing from you.

Best regards,

Sandy

Sandy McKay

KIRKWOOD MEADOWS P.U.D.

33540 Loop Road/P.O. Box 247

Kirkwood, CA 95646

209.258.4444, ext. 7

kmpudsm@volcano.net

Theodore Novelli<tnovelli@amadorgov.org>

Wed, Dec 19, 2012 at 10:04 AM

To: Sandy McKay <kmpudsm@volcano.net>, Jennifer Burns <jburns@amadorgov.org>

Sandy McKay

Thank you

Yes, we will try to accommodate

Please bring at least twenty five hand outs on any and material. Staff, Board Members, and citizens.

Thank You

Ted Novelli

On Wed, Dec 19, 2012 at 9:57 AM, Sandy McKay <kmpudsm@volcano.net> wrote:

Thank you, Ted. Michelle will be driving up from Carson City that morning (about a 2-1/2 hour drive)... can we be placed near the end of your agenda (so their ETA could be around 10am)? This would be preferable, but they can make 9:00am if more convenient for the BOS. Please advise.

Best regards,

Sandy

From: Theodore Novelli [mailto:tnovelli@amadorgov.org]
Sent: Tuesday, December 18, 2012 3:53 PM
To: Sandy McKay; Jennifer Burns
Subject: Re: FW: Kirkwood Out Valley Transmission Line

[Quoted text hidden]

Sandy McKay <kmpudsm@volcano.net> Wed, Dec 19, 2012 at 10:39 AM
To: Theodore Novelli <tnovelli@amadorgov.org>, Jennifer Burns <jburns@amadorgov.org>

Thanks very much!

Sandy

From: Theodore Novelli [mailto:tnovelli@amadorgov.org]
Sent: Wednesday, December 19, 2012 10:05 AM

[Quoted text hidden]

[Quoted text hidden]

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 15, 2013

From: Jennifer Burns, Clerk of the Board
(Department Head - please type)

Phone Ext. x470

- | | |
|-------------------------------------|----------------|
| <input checked="" type="checkbox"/> | Regular Agenda |
| <input type="checkbox"/> | Consent Agenda |
| <input type="checkbox"/> | Blue Slip |
| <input type="checkbox"/> | Closed Session |

Meeting Date Requested:

January 22, 2013

Department Head Signature _____

Agenda Title: Minutes

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Review and approval of the December 18, 2012 Board of Supervisors Meeting Minutes.

Recommendation/Requested Action:

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments:

Committee Review?

N/A

Name _____

Committee Recommendation:

Request Reviewed by:

Chairman _____

Counsel _____

Auditor _____

GSA Director _____

CAO _____

Risk Management _____

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

FOR CLERK USE ONLY

Meeting Date 1/22/13

Time _____

Item # 7

Board Action: Approved Yes ___ No ___

Unanimous Vote: Yes ___ No ___

Ayes: _____

Resolution _____

Ordinance _____

Other: _____

Noes: _____

Resolution _____

Ordinance _____

Absent: _____

Comments: _____

Distributed on _____

A new ATF is required from _____

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.

Completed by _____

Department
For meeting
of _____

ATTEST: _____

Clerk or Deputy Board Clerk

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: January 2, 2013

From: James Foley, Health & Hum. Serv. Agency Director
 (Department Head - please type)

Phone Ext. 625

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
<u>01/22/13</u>	

Department Head Signature *James Foley*

Agenda Title: Amador County Health and Human Services Agency Public Hearing regarding transfer of Realignment funds from Social Services Realignment Trust Fund to Health Trust Fund.

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 The Director of Health and Human Services is requesting a public hearing to approve the attached resolution to transfer 10% of realignment funds from the Social Services Realignment Trust Fund for fiscal year 2011/2012 to the Health Realignment Trust Fund. This transfer is made pursuant to section 17600.20 of the Welfare and Institutions Code.

Recommendation/Requested Action:

Approval of resolution

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____

Counsel GS

Auditor EDJ

GSA Director HOP

CAO _____

Risk Management _____

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

Public Health, Social Services, Auditor/Controller

FOR CLERK USE ONLY

Meeting Date 1/22/13 Time _____ Item # 8

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____
 Completed by _____
 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: _____
 Clerk or Deputy Board Clerk

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION APPROVING TRANSFER OF) RESOLUTION NO.
FUNDS FROM THE SOCIAL SERVICES TRUST)
FUND TO THE HEALTH TRUST FUND FOR)
THE FISCAL YEAR 2011/2012)

WHEREAS, pursuant to Welfare and Institutions Code Section 17600.20 (a) reallocations of money among local health and welfare trust funds are allowable not to exceed 10% of the fiscal year deposits; and

THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California, that said Board does hereby approve the reallocation of 10% of 2011/2012 deposits from Social Services trust fund to the Health trust fund.

The forgoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on by the following vote:

AYES:

NOES:

ABSENT:

Richard M. Forster, Chairman
Board of Supervisors

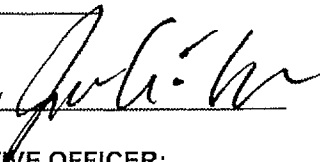
ATTEST:

Jennifer Burns, Clerk of the
Board of Supervisors, Amador County,
California

DATE: 1/2/2013

REQUESTED BY:

James Foley



DEPARTMENT: Social Services

APPROVED BY ADMINISTRATIVE OFFICER: _____ DATE: _____

APPROVED BY ADMINISTRATIVE COMMITTEE: _____ DATE: _____

APPROVED BY BOARD OF SUPERVISORS: _____ DATE: _____

APPROVED BY AUDITOR/CONTROLLER: _____ DATE: _____

JOURNAL ENTRY NO. _____

BUDGET APPROPRIATIONS				REVENUE APPROPRIATIONS			
DEPARTMENT	ACCOUNT	INCREASE	DECREASE	FUND #	REVENUE #	INCREASE\$	DECREASE\$
				11600	201002		\$194,532.04
				11800	201002	\$194,532.04	

REASON FOR THE REQUEST:

The Director of Health and Human Services is requesting a public hearing to approve the attached resolution to transfer 10% of
realignment funds from the Social Services Realignment Trust Fund for fiscal year 2011/2012 to the Health Realignment Trust
Fund. This transfer is made pursuant to section 17600.20 of the Welfare and Institutions Code.

- PLEASE NOTE:**
- TRANSFERS BETWEEN OBJECTS - SALARIES & BENEFITS TO SERVICES & SUPPLIES BOARD OF SUPERVISORS APPROVAL
 - TRANSFER WITHIN OBJECTS - OFFICE EXPENSE TO TRAVEL - COUNTY ADMINISTRATOR APPROVAL
 - FIXED ASSETS - BOARD OF SUPERVISORS APPROVAL
 - TOTAL DOLLARS BUDGET INCREASE - BOARD OF SUPERVISORS APPROVAL

AGENDA TRANSMITTAL FORM

<input checked="" type="checkbox"/>	Regular Agenda
<input type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
01/22/13	

To: Board of Supervisors

Date: January 2, 2013

From: James Foley, Health & Hum. Serv. Agency Director Phone Ext. 625
 (Department Head - please type)

Department Head Signature *James Foley*

Agenda Title: Amador County Health and Human Services Agency Public Hearing regarding transfer of Realignment funds from Mental Health Realignment Trust Fund to Health Trust Fund.

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 The Director of Health and Human Services is requesting a public hearing to approve the attached resolution to transfer 10% of realignment funds from the Mental Health Realignment Trust Fund for fiscal year 2011/2012 to the Health Realignment Trust Fund. This transfer is made pursuant to section 17600.20 of the Welfare and Institutions Code.

Recommendation/Requested Action:

Approval of resolution

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

Contract Attached: Yes No N/A
 Resolution Attached: Yes No N/A
 Ordinance Attached: Yes No N/A

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____ Counsel _____

Auditor *EDJ* GSA Director _____

CAO _____ Risk Management _____

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

Public Health, Behavioral Health, Auditor/Controller

FOR CLERK USE ONLY

Meeting Date 1/22/13 Time _____ Item # 8

Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes: _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____	A new ATF is required from _____ Department _____	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.
Completed by _____	For meeting of _____	ATTEST: _____ Clerk or Deputy Board Clerk

**BEFORE THE BOARD OF SUPERVISORS OF THE
COUNTY OF AMADOR, STATE OF CALIFORNIA**

IN THE MATTER OF:

RESOLUTION APPROVING TRANSFER OF) RESOLUTION NO.
FUNDS FROM THE MENTAL HEALTH TRUST)
FUND TO THE HEALTH TRUST FUND FOR)
THE FISCAL YEAR 2011/2012)

WHEREAS, pursuant to Welfare and Institutions Code Section 17600.20 (a) reallocations of money among local health and welfare trust funds are allowable not to exceed 10% of the fiscal year deposits; and

THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California, that said Board does hereby approve the reallocation of 10% of 2011/2012 deposits from Mental Health trust fund to the Health trust fund.

The forgoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on by the following vote:

AYES:

NOES:

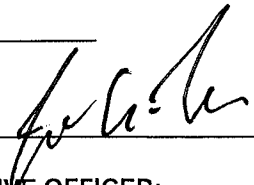
ABSENT:

Richard M. Forster, Chairman
Board of Supervisors

ATTEST:

Jennifer Burns, Clerk of the
Board of Supervisors, Amador County,
California

DATE: 1/2/2013

REQUESTED BY: James Foley 

DEPARTMENT: Behavioral Health

APPROVED BY ADMINISTRATIVE OFFICER: _____ DATE: _____

APPROVED BY ADMINISTRATIVE COMMITTEE: _____ DATE: _____

APPROVED BY BOARD OF SUPERVISORS: _____ DATE: _____

APPROVED BY AUDITOR/CONTROLLER: _____ DATE: _____

JOURNAL ENTRY NO. _____

BUDGET APPROPRIATIONS				REVENUE APPROPRIATIONS			
DEPARTMENT	ACCOUNT	INCREASE	DECREASE	FUND #	REVENUE #	INCREASE\$	DECREASE\$
				11700	201002		\$80,260.59
				11800	201002	\$80,260.59	

REASON FOR THE REQUEST:

The Director of Health and Human Services is requesting a public hearing to approve the attached resolution to transfer 10% of
realignment funds from the Mental Health Realignment Trust Fund for fiscal year 2011/2012 to the Health Realignment Trust
Fund. This transfer is made pursuant to section 17600.20 of the Welfare and Institutions Code.

- PLEASE NOTE:**
- TRANSFERS BETWEEN OBJECTS - SALARIES & BENEFITS TO SERVICES & SUPPLIES BOARD OF SUPERVISORS APPROVAL
 - TRANSFER WITHIN OBJECTS - OFFICE EXPENSE TO TRAVEL - COUNTY ADMINISTRATOR APPROVAL
 - FIXED ASSETS - BOARD OF SUPERVISORS APPROVAL
 - TOTAL DOLLARS BUDGET INCREASE - BOARD OF SUPERVISORS APPROVAL

TO AMADOR LEDGER DISPATCH FOR PUBLICATION ON JANUARY 18, 2013

NOTICE IS HEREBY GIVEN that the Board of Supervisors of the County of Amador, State of California, will hold a public hearing to consider a transfer of funds from the Mental Health Realignment Trust Fund to the Health Realignment Trust Fund; and a transfer from the Social Services Realignment Trust Fund to the Health Realignment Trust Fund for Fiscal Year 2011/2012. This transfer is made pursuant to Section 17600.20 of the Welfare and Institutions Code. Copies of said Code section are available by contacting the Amador County Social Services Department at 209-223-6625.

NOTICE IS HEREBY FUTHER GIVEN that said Board will hold a public hearing at the County Administration Center, 810 Court Street, Jackson California on January 22, 2013 at 10:30 a.m., or as soon thereafter as can be heard, at which time and place any and all interested persons may come and be heard thereon.

For further information please contact the Amador County Social Services Department at 209-223-6625.

AFFIDAVIT OF PUBLICATION PLEASE