

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: February 7, 2013

From: Richard M. Forster, Chairman
(Department Head - please type)

Phone Ext. x470

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

Meeting Date Requested:
Feb. 26, 2013

Department Head Signature _____

Agenda Title: <u>A-Pal Humane Society</u>		
Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary) Discussion and possible action relative to Board support of the A-PAL Humane Society Trap, Neuter and Release Program.		
Recommendation/Requested Action: _____		
Fiscal Impacts (attach budget transfer form if appropriate) _____	Staffing Impacts _____	
Is a 4/5ths vote required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____	
Committee Review? N/A <input type="checkbox"/> Name _____ Committee Recommendation: _____		
Request Reviewed by:		
Chairman _____ Auditor <u>EFK</u> CAO <u>AK</u>	Counsel <u>GG</u> GSA Director <u>Hog</u> Risk Management <u>John</u>	
Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments) _____		
FOR CLERK USE ONLY		
Meeting Date <u>2/26/13</u>	Time _____	Item # <u>5</u>
Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___		
Ayes: _____	Resolution _____	Ordinance _____
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

Save

A-PAL HUMANE SOCIETY
P.O. BOX 190, JACKSON, CA. 95642

February 4, 2013

RE: A-PAL Humane Society Trap, Neuter & Release Program

Dear Board of Supervisors,

I want to thank-you for your trust and confidence in assisting with other programs and ask for your support of this program going forward. In past years, all healthy cats turned in at the shelter deemed to be feral, were euthanized.

Time has shown that this simply does not work. Our group learned of the Trap, Neuter and Release program implemented in Florida and I have included a graph of their results showing a direct correlation between spay/neuter numbers and shelter intake numbers.

It was discovered that removing and destroying these feral cats simply creates a vacuum effect with more cats that are capable of reproducing moving in. Cats are territorial, so when neutered animals are returned to their colonies to live out their lives, the colonies actually shrink.

A-PAL began taking these feral cats from our shelter on 1/1/13 for this program, but we have been working on feral colonies for several years now through independent trapping and the numbers do show a decline – 151 fewer cats turned in to the shelter in 2012 vs. 2011. Sacramento County has also implemented this program along with aggressive spay/neuter programs and in the first year they saw a reduction of over 26% in the intake of cats.

The graphs of our shelter statistics is impressive considering our population has gone from 25,000 to 38,000 in the time period shown and our intake numbers continue to decline. Our goal with this program is to allow these cats to humanely live out their lives and to shrink feral colonies and reduce the shelter intake numbers of cats and the associated costs. We need your support of this program to have a united partnership as we move forward.

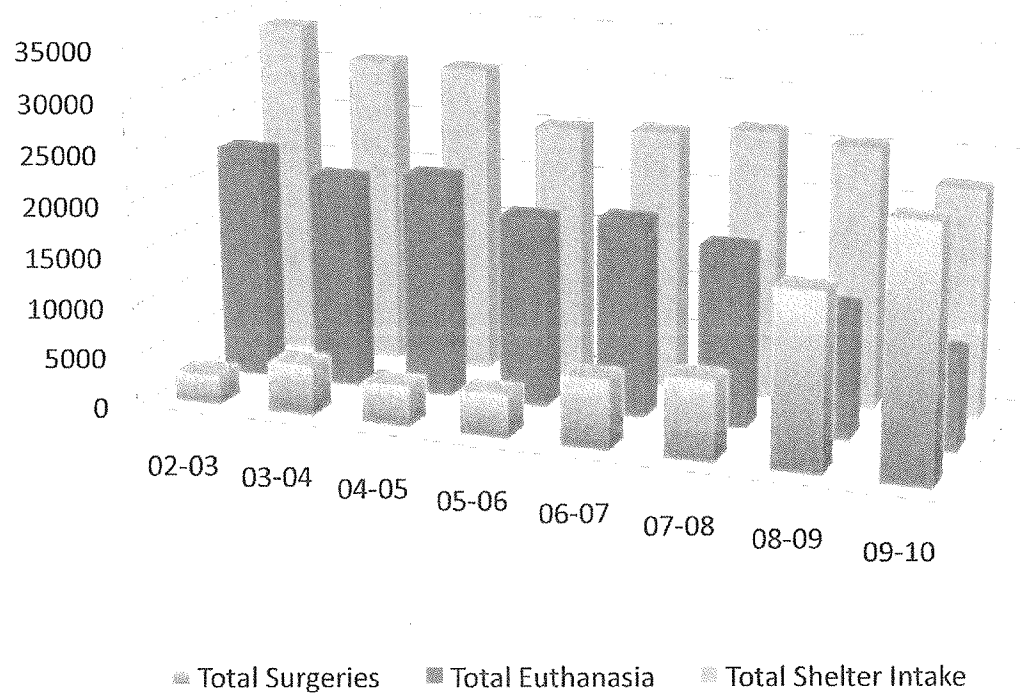
Sincerely,


Susan Manning – A-PAL President
209-223-2809

#5

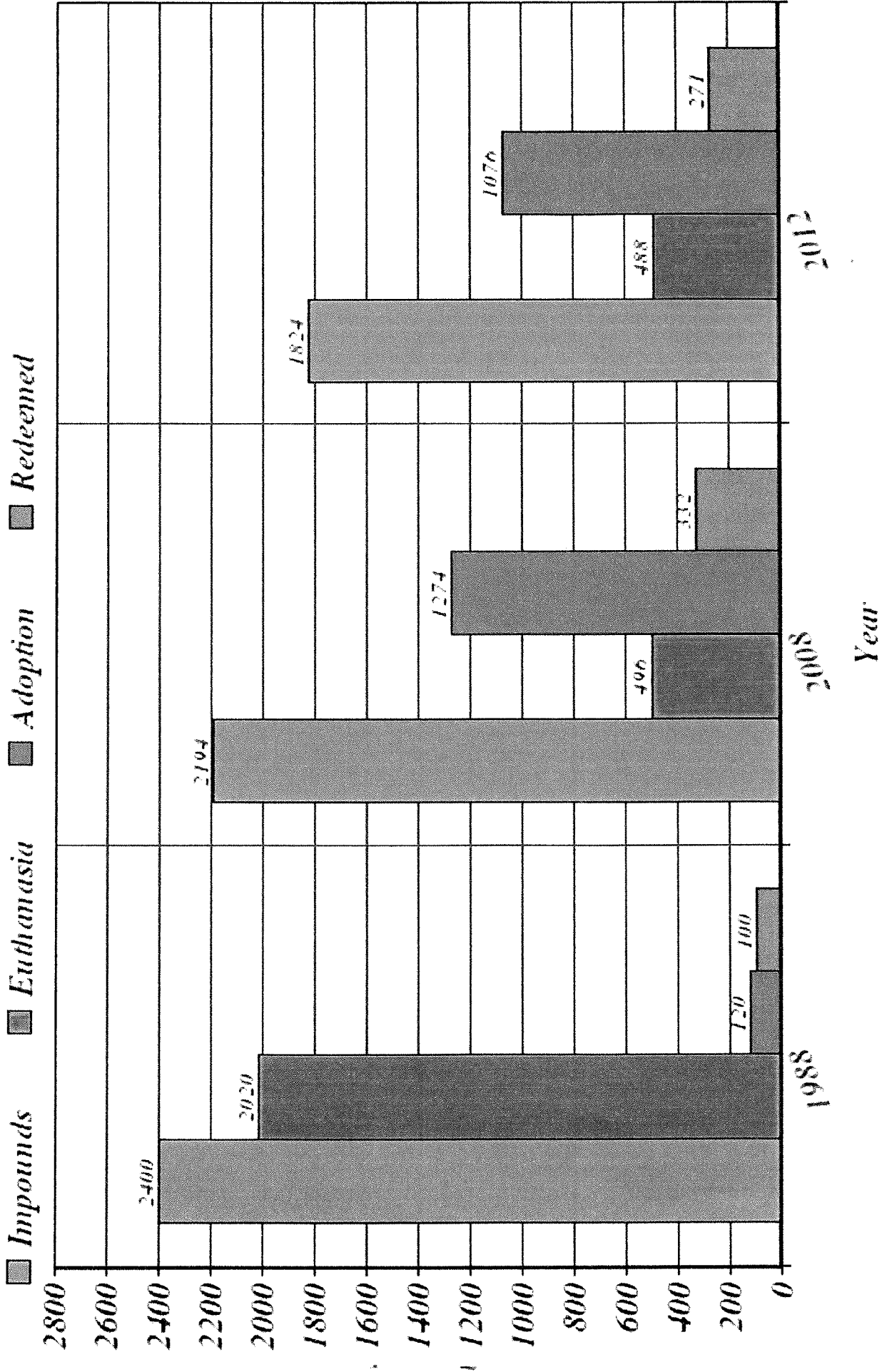
The graph and chart below show how increasing the volume of spay/neuter surgeries affects admissions and euthanasia statistics

(Shelter data combines data for JACPS and Jacksonville Humane Society shelters)

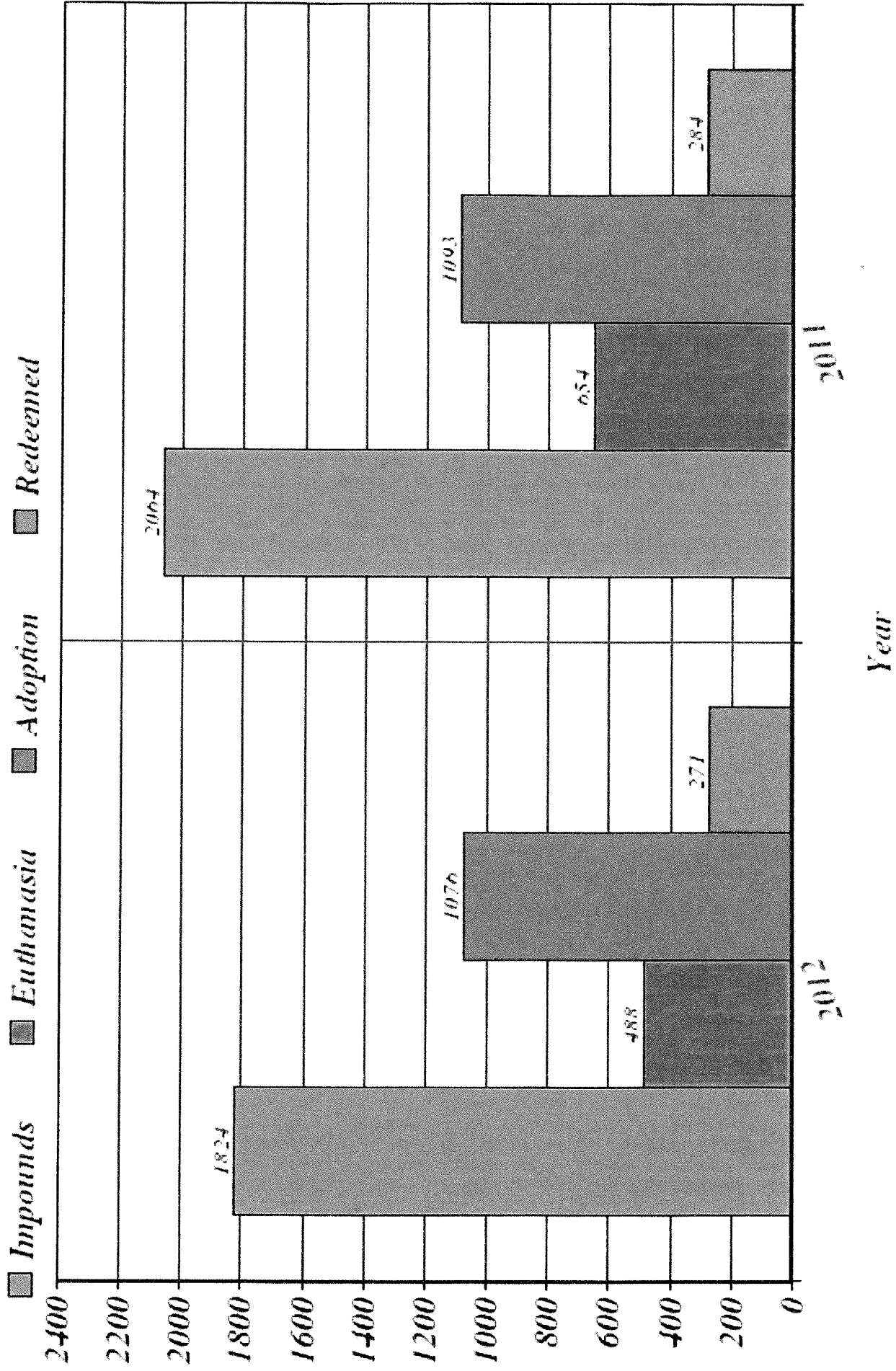


	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10
Total Surgeries	2,910	4,937	4,000	4,232	6,775	7,744	17,062	24,111
Total Euthanasia	23,104	21,004	21,886	18,690	19,242	17,430	12,744	9,500
Total Shelter Intake	33,847	30,862	30,658	25,355	25,616	26,443	25,603	22,359

Animal control statistics 1988 to 2012



Animal control statistics 2011/2012



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:	
02/26/13	

To: Board of Supervisors

Date: February 4, 2013

From: Jon Hopkins, GSA Director
(Department Head - please type)

Phone Ext. 759

Department Head Signature

Agenda Title: ACRA Vehicle Purchase.

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

Please see the attached memorandum

Recommendation: Approve the transfer and adopt the resolution.

Recommendation/Requested Action:

See above

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts N/A

Loss to motor pool revenue funds

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: Memo & Resolution attached

Committee Review?

N/A

Name _____

Committee Recommendation:

Request Reviewed by:

Chairman _____

Counsel _____

Auditor

GSA Director Hop

CAO

Risk Management

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

GSA Jon Hopkins, Audit Joe Lowe, electronic copy to Risk

FOR CLERK USE ONLY

Meeting Date 2/26/13 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 _____ 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

GENERAL SERVICES ADMINISTRATION

MAIL: 12200-B Airport Road, Jackson, CA 95642

LOCATION: 12200-B Airport Road, Martell, CA

PHONE: (209) 223-6759 FAX: (209) 223-0749 E-MAIL jhopkins@amadorgov.org



MEMORANDUM

TO: Board of Supervisors
FROM: Jon Hopkins, Director *JH*
DATE: February 4, 2013
RE: ACRA vehicle purchase.

On February 4, 2013 the Administrative Committee considered the information below and recommended this matter be placed on the Board's agenda for further consideration.

On December 18, 2012 the Board of Supervisors deemed various personal property as surplus. Included in this list was a 2002 Extended Cab 4x4 Ford Ranger identified as Unit 109. Amador County Recreation Agency (ACRA) has been looking for a vehicle to replace theirs. This vehicle has a current value of \$6,386.00, yet ACRA at this time only has \$4,500.00 available. As an option the Board may transfer Unit 109 to ACRA in accordance with Government Code Section 25365 in exchange for a partial payment of \$4,500.00.

The option mentioned above will result in the motor pool replacement fund taking a loss if the Board chooses to accept a reduced value. This option also requires a 4/5 vote, legal notice one time and a resolution. The legal ad has been completed and now requires Board action.

Recommendation: Approve the transfer and adopt the resolution.

cc: Dave Dennis, Deputy Director
Mari Galino, Finance and Administrative Supervisor.
file

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

IN THE MATTER OF:

**RESOLUTION AUTHORIZING THE)
TRANSFER OF REAL PROPERTY)
TO THE AMADOR COUNTY RECREATION AGENCY)**

RESOLUTION NO. 0X-XX

WHEREAS, the Board of Supervisors of the County of Amador, State of California, recognizes the following item as Surplus Property:

One (1) 2002 Extended Cab 4x4 Ford Ranger pickup truck VIN 1FTZR15EX2PA96883 and;

WHEREAS, the Amador County Recreation Agency (ACRA) has expressed a need for and requested to take possession of the Surplus Property item listed above and;

WHEREAS, Section 25365 of the Government Code authorizes the County to transfer personal property to a Joint Powers Agency by four-fifths vote not required for County use and;

WHEREAS, the County has published a notice of its intended action pursuant to Government Code Section 6061 and held a public meeting on February 26, 2013 and;

WHEREAS, the County has determined the pickup truck has a value of \$6,386.00 and;

WHEREAS, the County and ACRA have agreed in exchanged for the pickup truck ACRA shall pay \$4,500.00 to the County.

BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California, that said Board does hereby approve the transfer of One (1) 2002 Extended Cab 4x4 Ford Ranger pickup truck VIN 1FTZR15EX2PA96883 in exchange for \$4,500.00 from ACRA.

The foregoing resolution was duly passed and adopted by the Board of Supervisors of the County of Amador at a regular meeting thereof, held on the ____ day of January, 2011, by the following vote:

AYES: Louis D. Boitano, Richard M. Forster, John Plasse,
Theodore F. Novelli, and Brian Oneto

NOES: None

ABSENT: None

Chairman, Board of Supervisors

ATTEST:
JENNIFER BURNS, Clerk of the
Board of Supervisors, Amador County,
California

NOTICE OF INTENT TO DONATE SURPLUS PROPERTY

Notice is hereby given that at the Amador County Board of Supervisors will consider transferring a Ford Ranger pickup truck to Amador County Recreation Agency pursuant to Government Code Section 25365 at its regular meeting held at 810 Court Street in Jackson, CA on February 26, 2013 at 9:00 a.m. For more information contact Amador County Purchasing at (209) 223-6375.

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:	
2-26-13	

To: **Board of Supervisors**
 Date: February 7, 2013

From: Michael Israel Phone Ext. 536
 (Department Head - please type)

Department Head Signature Michael Israel

Agenda Title: Environmental Health Department Fees

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Discussion and possible action relative to staff direction to draft and process a revision to the existing fee ordinance. Potentially affected fees are associated with subdivisions, environmental impact reports, above ground petroleum storage, and cottage food facilities.

Recommendation/Requested Action:
Direct staff to draft and process and ordinance amending County Code Chapter 7.42

Fiscal Impacts (attach budget transfer form if appropriate) Minor increase in revenue Staffing Impacts Minimal

Is a 4/5ths vote required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Comments: _____
Committee Review? N/A <input type="checkbox"/> Name <u>Admin</u> Committee Recommendation: <u>Take to full board for direction</u>	

Request Reviewed by:

Chairman _____ Counsel _____
 Auditor EDL GSA Director _____
 CAO [Signature] Risk Management [Signature]

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

FOR CLERK USE ONLY

Meeting Date 2/26/13 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

ENVIRONMENTAL HEALTH DEPARTMENT COMMUNITY DEVELOPMENT AGENCY

810 COURT STREET • JACKSON, CA 95642-2132 • PHONE (209) 223-6439 • FAX (209) 223-6228
WEBSITE www.co.amador.ca.us • EMAIL aceh@amadorgov.org



MEMORANDUM

TO: Amador County Board of Supervisors

FROM: Michael W. Israel, Environmental Health Department *MWI*

DATE: January 28, 2013

SUBJECT: Environmental Health Department Fees

Pursuant to Board direction on November 13, 2012, this office has developed the attached revised fee proposal for some Environmental Health programs. The Committee asked when the last Environmental Health department fee revision occurred. All fees were revised in 2006 and in 2007 adjustments were made to fees for the water program and for school food facilities to cover the additional inspections the district needed to secure funding.

The proposed schedule includes new fees for cottage food businesses that may now operate pursuant to AB 1616. This bill allows sale of certain foods prepared in private homes. Class A facilities sell directly to the consumer and are required to register with the local jurisdiction. Class B facilities can sell directly or through other retailers and are subject to permit and inspection like other food facilities.

The above ground storage tank fees are proposed as a result of AB 1130, which went into effect January 1, 2008 and requires that CUPAs implement the Aboveground Petroleum Storage Act. AB 1130 provides for the assessment of reasonable and necessary fees sufficient to support the mandated activities of the program. Transition of the program from the State Water Board to the CUPA was facilitated by a \$55,000 grant from the state Environmental Protection Trust Fund. There are no current fees for this part of the program.

AB 300 went into effect July 1, 2012 and created new standards for body art facilities and practitioners. The fees are proposed to increase to reflect the increased complexity of the program.

The Board showed some interest in modifying fees for major land divisions and EIRs. The proposal is to establish a deposit and draw, similar to the Public Works model. This should enable full cost recovery for these projects. The fund would be charged against with the client replenishing, as needed. A refund of any surplus would be made at the end of project. The end of a subdivision project would be recordation of all phases or withdrawal of the map. The end of an EIR project would be after any appeal or litigation window following certification or after project withdrawal. For clarification, a subdivision that also triggers an EIR would pay a single \$1,000 deposit.

COMPARISON OF SELECTED ENV. HEALTH DEPT. FEES

	Current Amador	Five County Average	Current as % of Average	Target Fee	Estimated Cost
RETAIL FOODS					
Low risk food class A				\$55.00	~\$55.00
Low risk food class B		\$140.54		\$140.00	~\$200.00
CUPA					
AST annual Eng'd SPCC		\$422.86		\$340.00	\$341.60
AST annual self certified		\$222.11		\$125.00	\$126.13
BODY ART					
Facility permit	\$144.00	\$157.94	91%	\$160.00	~\$165.00
Individual registration	\$25.00	\$59.50	42%	\$55.00	~\$55.00
LAND USE AND DEVELOPMENT					
EIR	\$384.00	\$251.04		Deposit \$1000.00	Varies
Subdivision	Varies			Deposit \$1000.00	Varies
Subdivision with EIR	Varies			Deposit \$1000.00	Varies

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:	
February 26, 2013	

To: Board of Supervisors
 Date: February 20, 2013

From: Chuck Iley, County Administrative Officer Phone Ext. x470
 (Department Head - please type)

Department Head Signature _____

Agenda Title: Administrative Agency

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Discussion and possible action relative to potential Board direction to the County Administrative Officer regarding his presentation which will outline the current budget and provide a brief outlook on the 2013/2014 budget.

Recommendation/Requested Action: _____

Fiscal Impacts (attach budget transfer form if appropriate) _____
 Staffing Impacts _____

Is a 4/5ths vote required? Yes No

Committee Review? N/A <input type="checkbox"/> Name _____ Committee Recommendation: _____	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____
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Request Reviewed by:

Chairman _____ Counsel _____
 Auditor _____ GSA Director _____
 CAO _____ Risk Management [Signature]

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

FOR CLERK USE ONLY

Meeting Date 2-26-13 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

Save

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: February 20, 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:
February 26, 2013

Department Head Signature _____

Agenda Title: <u>Minutes</u>		
Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary) Approval of the January 22, 2013 and February 12, 2013 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 <input type="checkbox"/> No <input type="checkbox"/>		Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Resolution Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____
Committee Review? N/A <input type="checkbox"/> Name _____ Committee Recommendation: _____		
Request Reviewed by:		
Chairman _____ Auditor <u>[Signature]</u> CAO _____	Counsel _____ GSA Director _____ Risk Management <u>[Signature]</u>	
Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)		
FOR CLERK USE ONLY		
Meeting Date <u>2-20-13</u>	Time _____	Item # <u>9</u>
Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___		
Ayes: _____	Resolution _____	Ordinance _____
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

Save