

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: 02/07/2013

Tax Matters

From: James Rooney
(Department Head - please type)

Phone Ext. 454

Department Head Signature *James Rooney*

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

Meeting Date Requested:

02/26/13

Agenda Title: SECURED ROLL CORRECTIONS

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
REQUEST FOR APPROVAL OF ROLL CORRECTIONS WHICH EXCEED 50% OF THE ORIGINAL VALUE OR A DECREASE OF \$150,000 OR MORE. APN 004-080-009-000.

Recommendation/Requested Action:

APPROVE

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 *EDK*

GSA Director _____

CAO *AM*

Risk Management *AMT*

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

FOR CLERK USE ONLY

Meeting Date

February 26, 2013

Time

9 a.m.

Item #

2A

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 _____

Completed by _____

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

County of AMADOR
ASSESSOR ROLL CORRECTION

Asmt 004-080-009-000 Tax Year 2012 R/C # A0850 Roll Type S Fee Parcel 004-080-009-000 Originating Asmt 004-080-009-000 From TRA 005-014 New TRA 005-014

R&T 1 4831B R&T 2 Value History Y Taxability Code

Roll Value	New Value	Sup From Net	Sup To Net
Land 174,722	125,000		
Structure 344,662	235,000		
Growing			
PP MH			
Fixtures R/P			
Fixtures			
Personal Property 37,400	37,400		
HOX			
Other Exemptions			
CODE	Net Change -159,384		Supl Change

Owner SCAGLIOLA RICHARD & SCAGLIOLA SHERRY
Mailing Address DBA HEIRLOOM THE - BED & BREAKFAST INN
214 SHAKELEY LN
IONE CA 95640

Situs 214 SHAKELEY LN

Bill Comments PROPERTY QUALIFIES FOR PROP 8 REDUCTION

Supl Info

Y 10 % PP Penalty
N Restricted
N Timber Preserve
N 5151 Interest
N 506 Interest

Event From/Thru Dates
Ownership From/Thru Dates

506/5151 From/Thru Dates
From 1 From 2 Thru

TaxBill Days
R/C Date Jan 18, 2013
Created By TM

Print R/C Wks C
Print R/C Letter C
R/C Completed C

Appraiser Initials Date
Supv Appr Initials Date
Chief Appr Initials Date

Asmt Clerk Initials Date
Off Mgr Initials Date

Assessor Signature Date
Auditor Signature Date
County Counsel Signature Date

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" 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 13, 2013

Resol.

From: Aaron Brusatori
 (Department Head - please type)

Phone Ext. 429

Department Head Signature *AB*

Agenda Title: Resolution Authorizing Chairman to Sign Tire Amnesty Grant Documents

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

This action by the Board will authorize, by resolution, the submittal of application to the California Department of Resources Recycling and Recovery (CalRecycle) for the Local Government Waste Tire Amnesty Grant Program; and empower the County Administrative Officer, or his designee, to execute in the name of the County of Amador all grant documents

Recommendation/Requested Action:
Approve and sign Resolution

Fiscal Impacts (attach budget transfer form if appropriate)	Staffing Impacts
Budgeted	
Is a 4/5ths vote required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Contract Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Committee Review? N/A <input checked="" type="checkbox"/>	Resolution Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Name _____	Ordinance Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Committee Recommendation: _____	Comments: _____

Request Reviewed by:

Chairman _____	Counsel _____
Auditor <u><i>EDK</i></u>	GSA Director _____
CAO <u><i>AB</i></u>	Risk Management _____

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

Waste Management _____

FOR CLERK USE ONLY

Meeting Date <u>February 26, 2013</u>	Time <u>9 a.m.</u>	Item # <u>3A</u>
Board Action: Approved Yes ___ No ___	Unanimous Vote: Yes ___ No ___	
Ayes: _____	Resolution _____	Ordinance _____
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

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

IN THE MATTER OF:

RESOLUTION AUTHORIZING APPLICATION)
FOR GRANT FROM THE CALIFORNIA DEPARTMENT)
OF RESOURCES RECOVERY AND RECYCLING LOCAL)
GOVERNMENT WASTE TIRE AMNESTY GRANT)
PROGRAM)

RESOLUTION NO.

WHEREAS, Public Resources Code (PRC) sections 40000 et seq. authorize the California Department Resources Recovery and Recycling (CalRecycle) to administer various grant programs (grants) in furtherance of the state of California's (State) efforts to reduce, reuse and recycle solid waste generated in the State thereby preserving landfill capacity and protecting public health and safety and the environment; and

WHEREAS, in furtherance of this authority CalRecycle is required to establish procedures governing the application, awarding, and management of the grants; and

WHEREAS, CalRecycle grant application procedures require among other things, an Applicant's governing body to declare by Resolution certain authorizations related to the administration of CalRecycle grants; and

NOW THEREFORE BE IT RESOLVED that the Amador County Board of Supervisors authorizes the submittal of an application to CalRecycle for the Local Government Waste Tire Amnesty Grant Program for which the County of Amador is eligible; and

BE IT FURTHER RESOLVED that the County Administrative Officer, or his designee is hereby authorized and empowered to execute in the name of the County of Amador all grant documents, including but not limited to, applications, agreements, amendments and requests for payment, necessary to secure grant funds and implement the approved grant project; and

BE IT FURTHER RESOLVED that these authorizations are effective for five (5) years from the date of adoption of this resolution.

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 _____ 2013, by the following vote:

AYES:

NOES:

Chairman, Board of Supervisors

ATTEST:

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

(RESOLUTION NO. _____)

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: February 7, 2013

Resol

Phone Ext. 515

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

Meeting Date Requested:

2-26-13

From: James Wegner
(Department Head - please type)

Department Head Signature _____

Agenda Title: ADA Grant Application and Agreement Resolution

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
The County of Amador historically receives Anti-Drug Abuse grant funds for drug enforcement within Amador County. This fiscal year the amount is identified as \$92,202.00. The Sheriff has been the project manager and as such is required to submit the application, sign the agreement and make any modifications or amendments. This year, the Board of State and Community Corrections is managing these federal monies and is requiring Board of Supervisor approval of the attached resolution authorizing the Sheriff to apply for these funds and sign the approved agreement.

Recommendation/Requested Action:
Approve resolution, authorize Chairman's signature

Fiscal Impacts (attach budget transfer form if appropriate) _____
Staffing Impacts None

Loss of \$92,202.00 in federal funding if not approved _____

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 EJA _____ GSA Director _____
CAO [Signature] _____ Risk Management [Signature]

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

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 3B

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 _____ 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
Completed by _____		

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

IN THE MATTER OF:

RESOLUTION AUTHORIZING AMADOR COUNTY)
SHERIFF'S OFFICE ADA GRANT APPLICATION AND)
AGREEMENT)

RESOLUTION NO. 13-

WHEREAS the Amador County Board of Supervisors desires to continue its on-going participation in the Anti Drug Abuse Enforcement (ADA) Grant Program supported by the Edward Byrne Memorial Justice Assistance Grant Program funds and currently administered by the Board of State and Community Corrections (BSCC). The period for the ADA Grant Program is October 1, 2012 through September 30, 2013.

NOW, THEREFORE, BE IT RESOLVED that the Amador County Sheriff's Office is authorized on behalf of this Governing Board to submit the grant application for this funding and sign the Grant Agreement with the BSCC, including any amendments or modifications thereof.

BE IT FURTHER RESOLVED that federal grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

BE IT FURTHER RESOLVED that the implementing agency/organization and partnering entities agree to abide by the statutes and regulations governing the federal Justice Assistance Grant Program as well as the terms and conditions of the Grant Agreement as set forth by the BSCC.

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 XXth day of February 2013, by the following vote:

AYES:

NOES:

ABSENT:

Chairman, Board of Supervisors

ATTEST:

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

AGENDA TRANSMITTAL FORM

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

To: Board of Supervisors

Date: February 12, 2013

Resol

From: George E. Allen

Phone Ext. 371

(Department Head - please type)

Meeting Date Requested:

February 26, 2013

Department Head Signature

George E. Allen

Agenda Title:

Plasse, Maurice III, Doreen, Eduard & Suzanne - Certificates of Compliance

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

The subject agenda item is a request for approval of five (5) compliance certificates. The property is located on the southerly side of French Bar Road, being approximately two miles westerly of the State Highway 49 junction, in the Jackson area.

APN: 44-310-014 and 44-310-025,

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

Comments: _____

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman _____

Counsel _____

Auditor EGJ

GSA Director _____

CAO GA

Risk Management GA

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

Please transmit two copies of the resolution, one set certified and the compliance certificates (signed originals) w/descriptions to Surveying.

FOR CLERK USE ONLY

Meeting Date

February 26, 2013

Time

9 a.m.

Item #

3C

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

Requested By:
BOARD OF SUPERVISORS
When Recorded Return To:
SURVEYING & ENGINEERING

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

IN THE MATTER OF

RESOLUTION ISSUING CERTIFICATES OF) RESOLUTION NO. 13-XXX
COMPLIANCE TO MAURICE JOHN PLASSE, III,)
DOREEN L. BRENNER, AKA DOREEN L.)
BRENNER PLASSE, EDUARD P. PLASSE AND)
SUZANNE A. MALOON, AKA SUZANNE A.)
MALOON PLASSE)

BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California, pursuant to Government Code 66499.34 and 66499.35 that said Board does hereby approve the issuance of five (5) certificates of compliance for Maurice John Plasse, III, Doreen L. Brenner, AKA Doreen L. Brenner Plasse, Eduard P. Plasse and Suzanne A. Maloon, AKA Suzanne A. Maloon Plasse for the parcel described in Exhibits "A" of the certificates of compliance, which certificates, along with said Exhibits "A", is attached thereto and incorporated therein by reference as though set forth in full; and

BE IT FURTHER RESOLVED that the Clerk of said Board be and hereby is directed to record this resolution and said certificates of compliance with Exhibits "A".

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 26th day of February, 2013, by the following vote:

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

NOES: None

ABSENT: None

Chairman, Board of Supervisors

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

Recording requested by:
BOARD OF SUPERVISORS
When recorded send to:
SURVEYING & ENGINEERING

CERTIFICATE OF COMPLIANCE
FOR MAURICE JOHN PLASSE, III, DOREEN L. BRENNER,
AKA DOREEN L. BRENNER PLASSE, EDUARD P. PLASSE AND
SUZANNE A. MALOON, AKA SUZANNE A. MALOON PLASSE
APN 44-310-014 and 44-310-025
1 PARCEL RECOGNIZED

Pursuant to Government Code 66499.34 and 66499.35 the County of Amador Certifies that the following described property complies with the provisions of the Subdivision Map Act and with County Ordinances enacted pursuant thereto.

This certificate relates only to issues of compliance or noncompliance with the Subdivision Map Act and local ordinances enacted pursuant thereto. The parcel described herein may be sold, leased or financed without further compliance with the Subdivision Map Act or any local ordinance enacted pursuant thereto. Development of the parcel may require issuance of a permit or permits, or any other grant or grants of approval.

CONDITIONS OF APPROVAL FOR CERTIFICATE OF COMPLIANCE: NONE
DESCRIPTION (SEE EXHIBIT "A")

CHAIRMAN, BOARD OF SUPERVISORS

State of California)
) SS
County of Amador)

On _____, 2013, before me, _____, a Deputy Clerk of the Board of Supervisors in and for the County of Amador, State of California, personally appeared **Richard M. Forster** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

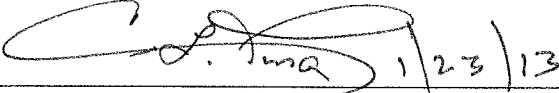
WITNESS my hand and official seal.

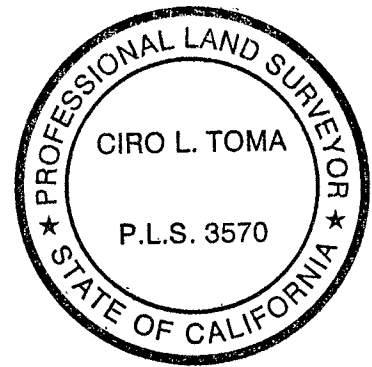
Deputy, Board of Supervisors

EXHIBIT "A"
COMPLIANCE PARCEL No. 1

DESCRIPTION FOR M. J. PLASSE III, ET AL
Compliance Parcel A-Agricultural Patents-257

A parcel of land situated in the County of Amador, State of California, and being more particularly described as the East ½ of the Northeast ¼ (E 1/2 of NE ¼) of Section 8, Township 5 North, Range 11 East, Mount Diablo Meridian, as described in Book A of Agricultural Patents at Page 257, Amador County Records.


Ciro L. Toma PLS-3570 License expires 6/30/14



Recording requested by:
BOARD OF SUPERVISORS
When recorded send to:
SURVEYING & ENGINEERING

CERTIFICATE OF COMPLIANCE
FOR MAURICE JOHN PLASSE, III, DOREEN L. BRENNER,
AKA DOREEN L. BRENNER PLASSE, EDUARD P. PLASSE AND
SUZANNE A. MALOON, AKA SUZANNE A. MALOON PLASSE
APN 44-310-014 and 44-310-025
1 PARCEL RECOGNIZED

Pursuant to Government Code 66499.34 and 66499.35 the County of Amador Certifies that the following described property complies with the provisions of the Subdivision Map Act and with County Ordinances enacted pursuant thereto.

This certificate relates only to issues of compliance or noncompliance with the Subdivision Map Act and local ordinances enacted pursuant thereto. The parcel described herein may be sold, leased or financed without further compliance with the Subdivision Map Act or any local ordinance enacted pursuant thereto. Development of the parcel may require issuance of a permit or permits, or any other grant or grants of approval.

CONDITIONS OF APPROVAL FOR CERTIFICATE OF COMPLIANCE: NONE
DESCRIPTION (SEE EXHIBIT "A")

CHAIRMAN, BOARD OF SUPERVISORS

State of California)
) SS
County of Amador)

On _____, 2013, before me, _____, a
Deputy Clerk of the Board of Supervisors in and for the County of Amador, State of California,
personally appeared **Richard M. Forster** who proved to me on the basis of satisfactory evidence
to be the person whose name is subscribed to the within instrument and acknowledged to me that
he executed the same in his authorized capacity, and that by his signature on the instrument the
person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

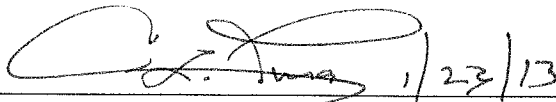
WITNESS my hand and official seal.

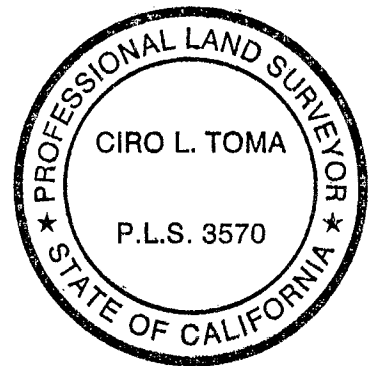
Deputy, Board of Supervisors

EXHIBIT "A"
COMPLIANCE PARCEL No. 2

DESCRIPTION FOR M. J. PLASSE III, ET AL
Compliance Parcel A-Agrucultural Patents-256

A parcel of land situated in the County of Amador, State of California, being more particularly described as the East ½ of the Southeast ¼ (E 1/2 of SE ¼) of Section 5, Township 5 North, Range 11 East, Mount Diablo Meridian, as described in Book A of Agricultural Patents at Page 256, Amador County Records.


Ciro L. Toma PLS 3570 License expires 6/30/14



AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" 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 13, 2013 *Resol.*

From: George E. Allen Phone Ext. 371
(Department Head - please type)

Department Head Signature *George E. Allen*

Agenda Title: Set Public Hearing date for abandonment of various public easements for Basil & Tracy Sanborn

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 The subject agenda item is a request to set the Public Hearing date for abandonment of various public easements. The property is located on the easterly side of Danburg Drive (Lot 36 of Kirkwood Meadows Unit No. 1) approximately 800 feet from the junction with Fremont Drive, in the Kirkwood area. APN 26-172-007

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

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)

Please set the Public Hearing date, adopt the Res. of Intent to Vacate, return 2 copies of the resolution to Surveying; one set certified and send out the "Notices".

FOR CLERK USE ONLY

Meeting Date	Time	Item #
<u>February 26, 2013</u>	<u>9 a.m.</u>	<u>3D</u>
Board Action: Approved Yes <input type="checkbox"/> No <input type="checkbox"/> Unanimous Vote: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ayes: _____	Resolution _____	Ordinance _____
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. ATTEST: _____ Clerk or Deputy Board Clerk
Completed by _____	Department _____	
_____	For meeting of _____	

Requested By:
BOARD OF SUPERVISORS
When recorded Return to:
SURVEYING & ENGINEERING

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

IN THE MATTER OF:

RESOLUTION OF INTENTION TO)
VACATE VARIOUS PUBLIC EASEMENTS) RESOLUTION NO. 2013-xxxx
FOR BASIL J. SANBORN AND TRACY SANBORN,)
CO-TRUSTEES OF THE BASIL J. AND TRACY SANBORN)
REVOCABLE TRUST U/A/D MARCH 29, 2005)

AND SCHEDULING OF PUBLIC HEARING FOR SAME)

BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California, that said Board hereby declares its intention to vacate public easements within the setback area of Lot 36, for light, air, snow storage, parking bays, graded slopes, drainage ditches, underground wires and conduits contained within the easterly 20 foot (20') wide portion of the "25' set back utility and parking easement" as shown on the final map for Lot 36 of Kirkwood Meadows Unit No. 1 for Basil J. Sanborn and Tracy Sanborn, Co-Trustees of the Basil J. and Tracy Sanborn Revocable Trust u/a/d March 29, 2005; and

BE IT FURTHER RESOLVED that said vacation is proceeding pursuant to Chapter 3 (commencing with Section 8320) of Part 3 of Division 9 of the Streets and Highway Code; and

BE IT FURTHER RESOLVED that a public hearing to consider said vacation will be held at the County Administration Center, 810 Court Street, Jackson, California, on xxxx, 2013, at xxxx m. or as soon thereafter as the matter may be heard, at which time any and all interested persons may come and be heard thereon.

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 26th day of February, 2013, by the following vote:

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

NOES: None

ABSENT: None

Chairman, Board of Supervisors

ATTEST:

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



SURVEYING DEPARTMENT

COUNTY ADMINISTRATION CENTER

810 Court Street
Jackson, CA 95642-2132
Telephone: (209) 223-6371

AMADOR COUNTY NOTICE OF PROPOSED VACATION

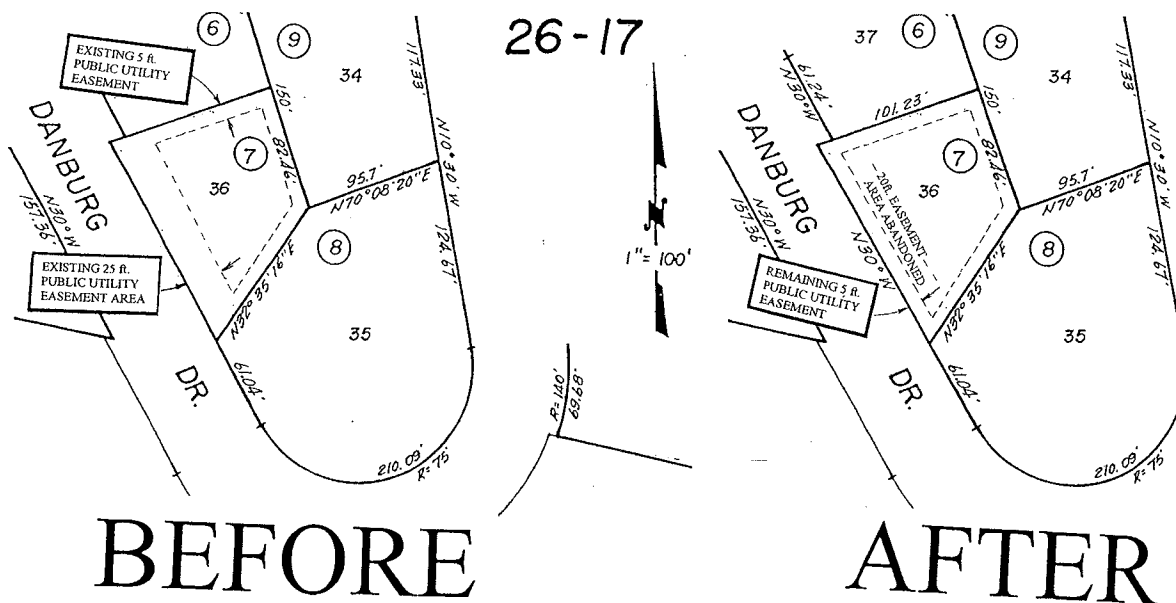
The Board of Supervisors hereby gives Notice of its proposed vacation of public easements within the setback area of Lot 36, for light, air, snow storage, parking bays, graded slopes, drainage ditches, underground wires and conduits contained within the easterly 20 foot (20') wide portion of the "25' setback utility and parking easement" as shown on the final map for Lot 36 of Kirkwood Meadows Unit No. 1, recorded in the Amador County Recorder's Office in Book 3 of Subdivision Maps at pages 30 to 32, for Basil J. Sanborn and Tracy Sanborn, co-trustees of the Basil J. and Tracy Sanborn Revocable Trust u/a/d March 29, 2005. The easement is located on the easterly side of Danburg Drive (Lot 36 of Kirkwood Meadows Unit No. 1) approximately 800 feet from the junction with Fremont Drive, in the Kirkwood area. Assessor's Parcel No. 26-172-007.

A Resolution of Intention to vacate said public easements was adopted by the Board of Supervisors in Resolution No. _____.

A Public Hearing to consider said vacation will be held at the County Administration Center, 810 Court Street, Jackson, California on _____, 2013, at _____, or as soon thereafter as the matter may be heard, at which time any and all interested persons may come and be heard thereon.

If you have any questions, or desire further information, please contact the Surveying Department at (209) 223-6371.

AMADOR COUNTY BOARD OF SUPERVISORS



AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
02/26/13	

To: Board of Supervisors

Resol
Agmt

Date: February 12, 2013

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

Phone Ext. X759

Department Head Signature _____

Agenda Title: Terpening Property Donation

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

On December 4, 2012, the Board authorized staff to proceed with preparing the necessary documents to accept the real property donation for Public Works from Marlene Ann Terpening. Attached is the Grant Deed which contains the legal description of the property, Certificate of Acceptance, Resolution and escrow documents needed to complete the donation.

Recommendation/Requested Action:

Accept donation and authorize Chairman to sign and execute all appropriate documents.

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts N/A

N/A

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 _____

Comments: _____

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)

GSA-Jon Hopkins, County Counsel-Greg Gillott

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 3E

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

RESOLUTION ACCEPTING GRANT DEED)
FROM MARLENE ANN TERPENING,)
A SINGLE PERSON)

RESOLUTION NO. XX-XXX

WHEREAS Marlene Ann Terpening, a single person, is the owner of Lot 35 of Silver Lake Pines, Unit 1A, a parcel of land located in the County of Amador, State of California more particularly described in the legal description on the attached Grant Deed; and desires to donate said parcel to the County of Amador; and

BE IT RESOLVED the Amador County Board of Supervisors does hereby accept said described property contained in Grant Deed dated _____ executed by Marlene Ann Terpening, a single person; and

BE IT FURTHER RESOLVED the Chairman of said Board be and hereby is authorized to sign and execute all of the appropriate documents related to this matter; and

BE IT FURTHER RESOLVED that said Grant Deed with the Certificate of Acceptance attached shall be recorded for Lot 35 of Silver Lake Pines Unit 1A, as described on the Grant Deed; and

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 _____, 2013, by the following vote:

AYES:

NOES:

ABSENT:

Chairman, Board of Supervisors

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

CERTIFICATE OF ACCEPTANCE

Government Code Section 27281

THIS IS TO CERTIFY THAT the interest in real property conveyed by the Grant Deed dated _____, 2013 from MARLENE ANN TERPENING, A SINGLE PERSON, to COUNTY OF AMADOR, A POLITICAL SUBDIVISION OF THE STATE OF CALIFORNIA, is hereby accepted by order of the Amador County Board of Supervisors on _____, 2013 and the grantee consents to recordation thereof by its duly authorized officer.

Dated: _____, 2013

Richard M. Forster, Chairman
Board of Supervisors of Amador County

ATTEST:

Jennifer Burns
Clerk of the Board of Supervisors

RECORDING REQUESTED BY

PLACER TITLE COMPANY

Escrow Number: 90-9563-MH

LEAD AND APPROVED

AND WHEN RECORDED MAIL TO

THE COUNTY OF AMADOR,
A POLITICAL SUBDIVISION
12200-B AIRPORT RD.
JACKSON, CA 95642

A.P.N.: 033-561-006-000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$0.00 – Exempt - City Transfer Tax: \$0.00

(X) Unincorporated Area () City of PIONEER

(X) computed on full value of property conveyed, or

() computed on full value less value of liens and encumbrances remaining at time of sale.

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **MARLENE ANN TERPENING , A SINGLE PERSON**

Hereby GRANT(S) to **THE COUNTY OF AMADOR, A POLITICAL SUBDIVISION**

THE LAND DESCRIBED HEREIN IS SITUATED IN THE STATE OF CALIFORNIA, COUNTY OF AMADOR, UNINCORPORATED AREA, AND IS DESCRIBED AS FOLLOWS:

LOT 35 OF SILVER LAKE PINES UNIT 1A, ACCORDING TO THE OFFICIAL MAP THEREOF RECORDED IN THE OFFICE OF THE COUNTY RECORDER IN BOOK "3" OF SUBDIVISION MAPS, PAGE 33.

APN: 033-561-006-000

Dated: January 18, 2013

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

SAME AS ABOVE

Name

Street Address

City & State

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: February 20, 2013

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

Phone Ext. x470

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

Meeting Date Requested:
February 26, 2013

Resol

Department Head Signature _____

Agenda Title: Board of Supervisors

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Adoption of a resolution recognizing February 21, 2013 and September 21, 2013 as General Harry B. Liversedge Day in Amador County.

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

Name _____

Committee Recommendation: _____

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

Comments: _____

Request Reviewed by:

Chairman _____ Counsel _____

Auditor [Signature] GSA Director _____

CAO [Signature] Risk Management [Signature]

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

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 3F

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

Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____
Completed by _____
of _____

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

AMADOR COUNTY BOARD OF SUPERVISORS

IN THE MATTER OF:

RESOLUTION RECOGNIZING FEBRUARY 21, 2013) RESOLUTION NO. 13-xxx
AND SEPTEMBER 21, 2013 AS GENERAL HARRY B.)
LIVERSEDGE DAY IN AMADOR COUNTY)

WHEREAS, Brig. Gen. Harry B. Liversedge, USMC, is a native son of Amador County and respected as one of the outstanding heroes of the U.S. Marine Corps' 236-year history; and

WHEREAS, General Liversedge, then a Colonel, led the 28th Marine Regiment in the capture of strategic Mt. Suribachi during the Battle of Iwo Jima on February 23, 1945; and

WHEREAS, the Liversedge Memorial Group, founded in 1987 and composed of former comrades-in-arms, members of his family, and veterans of all the Armed Services; and

WHEREAS, it is fitting that citizens of Amador County join in the Memorial Group's effort to keep the General's memory alive in the county of his birth.

THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Amador, State of California that said Board does hereby proclaim February 21, 2013 and September 21, 2013 as General Liversedge Day in Amador County.

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 26th day of February, 2011 by the following vote:

AYES: Supervisors John Plasse, Richard M. Forster, Louis D. Boitano
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

AGENDA TRANSMITTAL FORM

To: **Board of Supervisors**

Date: February 13, 2013

Agmt

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
2/26/13	

From: James Wegner
(Department Head - please type)

Phone Ext. 515

Department Head Signature

Agenda Title: Department of Boating and Waterways Agreement

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
This is the annual agreement between the Amador County Sheriff's Office and the State of California Department of Boating and Waterways wherein the County is reimbursed by the state for marine patrol and enforcement services on public waterways within Amador County

Recommendation/Requested Action:
Approve agreement and authorize Chairman's signature

Fiscal Impacts (attach budget transfer form if appropriate) Loss of revenue if not approved

Staffing Impacts Loss of one deputy sheriff if not approved

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? Name _____ N/A

Comments: _____

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)
Risk (electronic)

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 4A

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 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
Completed by _____		



Boating Safety and Enforcement Financial Aid Program Contract

This contract, entered into this *1ST day of July, 2013*, by and between the CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS, hereinafter called "Department," and the *COUNTY OF AMADOR*, hereinafter called "Agency";

WITNESSETH

WHEREAS, Contingent on approval of the **Fiscal Year 2013-2014** budget, the Department intends to contract with Agency for the purpose of performing boating safety and enforcement activities as described in Title 14, California Code of Regulations Section 6593.3; and

WHEREAS, Agency is equipped, staffed and prepared to provide such services on the terms and conditions set forth in this contract and in accordance with Title 14, California Code of Regulations Section 6593 et seq.; and

WHEREAS, pursuant to Title 14, California Code of Regulations Section 6593.6, Department shall enter into an annual contract with each participating agency;

NOW, THEREFORE, it is mutually agreed as follows:

I. Applicable Law

Agency shall observe and comply with all applicable federal, state, and county statutes, ordinances, regulations, directives, and laws, including, but not limited to, Harbors and Navigation Code Section 663.7 and Section 6593 et seq. of Title 14, California Code of Regulations, as amended and attached hereto and incorporated by reference as Attachment I. Contract shall be deemed to be executed within the State of California and construed and governed by the laws of the State of California.

II. Description of Services

Agency shall conduct boating safety and enforcement activities in the jurisdiction of the Agency in consideration of the payments hereinafter set forth.

III. Payments

- A. Maximum Amount. The amount the Department shall be obligated to pay for services rendered under this contract shall not exceed ***\$104,136.00*** for the contract term in full consideration of Agency's performance of the services described in this contract.
- B. Rate of Payment. The Department shall reimburse Agency in accordance with the reimbursement procedures set forth in Title 14, California Code of Regulations Section 6593.9.

- C. Submission of Claims. Agency shall submit claims for reimbursement to the Department contact person identified in paragraph V of this contract on a ___monthly **OR** ___quarterly basis. **(Please check one)**
- D. Failure to Submit Claims. Claims for reimbursement shall be submitted within 60 days following the last day of the reporting period. Pursuant to Title 14, California Code of Regulations 6593.9 (i), the Department may reduce an Agency's allocation by five percent if the Agency exceeds the sixty-day billing period and an additional five percent for every thirty-day period thereafter that the Agency is late in filing a claim.

IV. Records

Agency shall maintain records pursuant to Section 6593.10 of Title 14, California Code of Regulations.

V. Notice

Notice shall be in writing and shall be deemed to have been served when it is deposited in the United States mail, first class postage prepaid, and addressed as follows:

TO DEPARTMENT

*Ms. Corrina Dugger
 Department of Boating and Waterways
 2000 Evergreen Street, Suite 100
 Sacramento, CA 95815-3888*

TO AGENCY

Amador County Sheriff's Department

Either party may change the address to which subsequent notice and/or other communication can be sent by giving written notice designating a change of address to the other party.

VI. Term

This agreement shall be for the term beginning **July 1, 2013**, and ending **June 30, 2014**.

VII. Prior Agreements

All prior contracts regarding this subject matter between Department and Agency are hereby terminated effective June 30 prior to the term beginning date of this contract.

VIII. Amendment

No amendment or variation of the terms of this contract shall be valid unless made in writing and signed by the parties hereto.

IX. Termination

Agency may terminate this contract without cause in writing at any time. Department may terminate this contract without cause upon a sixty (60) days written notice served upon the Agency.

X. Special Provisions

- A. Agency hereby certifies that the obligations created by this contract do not violate the provisions of Sections 1090 to 1096 of the Government Code.
- B. This contract shall have no force or effect until signed by the Department, Agency, and approved by the Department of General Services Legal Department, if required.
- C. Agency shall continue with the responsibilities of this contract during any dispute.

IN WITNESS WHEREOF, the parties hereto have executed this contract as of the day and year first above written.

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

By: _____

Lucia C. Becerra, Acting Director
California Department of Boating and Waterways

Date: _____

“Department”

COUNTY OF AMADOR

By: *Mark Sheuff*

Title: *Sheuff*

Date: *Feb. 13, 2013*

“Agency”

COUNTY OF AMADOR

By: _____

Title: _____

Date: _____

“Agency”

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" 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 11, 2013

Agmt

From: James Foley, Director
 (Department Head - please type)

Phone Ext. 625

Department Head Signature *James Foley*

Agenda Title: Agreement with The California Department of Social Services to provide agency adoption services for Amador Co

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 This agreement between Amador County Department of Social Services and The California Department of Social Services authorizes the CDSS to provide agency adoption services on behalf of Amador County in accordance with specified laws.

Subsequent to the Chairman signing agreement on 8/28/2012, the State made a minor change on page 9, Section F. County Counsel has approved this change.

Recommendation/Requested Action:

Approve and sign agreement

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

Budgeted

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 *EDL* GSA Director _____

CAO *JK* Risk Management *JMS*

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

Please return all 3 copies ASAP to Chris @ Social Services. I will return one to you after State signs. Risk (electronic)

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 4B

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

SERVICES AGREEMENT

THIS SERVICES AGREEMENT (this "Agreement") is entered into as of July 1, 2012 by and between THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES, hereinafter referred to as "CDSS" and AMADOR COUNTY DEPARTMENT OF SOCIAL SERVICES, hereinafter referred to as "COUNTY".

RECITALS

- A. The CDSS agrees to provide to COUNTY, Agency adoption services under the authority of Welfare and Institutions Code (W&I Code), Section 16130 and in accordance with Title 22 California Code of Regulations (CCR), Sections 35127 through 35239. The CDSS will provide the following adoption services:
1. Consult and review of children in out-of-home care who need concurrent planning services.
 2. Assess and provide a written analysis of the adoptability of a child pursuant to W&I Code, Section 361.5, 366.21 or 366.22.
 3. Inform caregivers and birth families of provisions and availability of kinship adoptions, post adoption contact agreements and related services.
 4. Provide relinquishment services for birth/legal parents who are considering the option of adoption.
 5. Recruit prospective adoptive families, including families who fully support reunification goals, for children referred to the CDSS.
 6. Complete adoption homestudies of prospective adoptive families, including requests for adoption homestudies through the Interstate Compact on the Placement of Children (ICPC.)
 7. Make preliminary assessments and written reports concerning the prospective adoptive parents for the W&I Code, Section 366.26 hearing. The CDSS will provide testimony for contested hearings regarding the reports as requested by the County Counsel.
 8. Match children with prospective adoptive families and place children for adoption.
 9. Review and provide medical and social background information concerning a child and his or her birth parents to adoptive parents at the time of the adoptive placement.
 10. Supervise adoptive placements until finalization and provide post adoptive placement services to families.
 11. Establish and assess for Adoption Assistance Program (AAP) eligibility and benefits pursuant to governing laws and County Programs regarding AAP eligibility (i.e., W&I

Code, Sections 16115-16123 and Title 22 California Code of Regulations (CCR) Section 35325 et seq.)

12. Provide other appropriate and necessary adoption services as needed.

B. The CDSS and County agree to coordinate efforts in the following areas:

1. Promote concurrent planning services and permanence for children who are in out-of-home care.
2. Exchange information about dependent children and keep each other informed of general progress in cases involving children in out-of-home placement and changes that may affect the casework provided by the other agency. This exchange may include, but is not limited to, any information (e.g., complaints, concerns or licensing violations) that would reflect the suitability of the prospective adoptive family or their ability to provide appropriate care for a child.
3. Keep each other informed of general progress in the case and changes that may affect the casework provided by the other agency, including potential placement changes.
4. Notify the other agency before taking any action that may have the potential to disrupt or terminate placement unless events are of an emergency nature or are so serious that immediate action is required to protect the child from harm.
5. Establish mutually agreed upon timelines for joint reviews, referrals and reports required by the CDSS, County, or the juvenile court.
6. Provide written materials or reports required to carry out effective adoption planning and to meet the mandates of the juvenile court.
7. Work jointly and share responsibilities to recruit and train an adequate pool of families to serve the permanency needs of children.
8. Pay AAP benefits in compliance with Title 22 CCR, Section 35325 et seq.
9. Use the Child Welfare Services/Case Management System (CWS/CMS) to record information and case activities for dependent children and foster families.
10. Provide other appropriate and necessary coordination as needed.
11. Services for the Child Before a Permanent Plan is Determined
 - a. County and the CDSS Will:
 - i. Jointly assess the child pursuant to W&I Code 361.5(g) and before the filing date of a report recommending that Family Reunification (FR) services not be provided.

- ii. Jointly assess the child approximately 90 days before the 6 month and 12 month reviews required by W&I Code Section 366.21 and the 18 month review required by W&I Code, Section 366.22.
 - iii. Jointly assess relatives and/or other potential caregivers that are being considered as permanency resources for a child prior to placement or as soon thereafter as possible. Both the CDSS and County will comply with all home approval and placement statutes and regulations that are applicable to each agency.
- a. County Will:
- i. Refer children in out-of-home care for a joint assessment prior to FR services being terminated.
 - ii. Identify and search for all of the child's presumed and alleged parents and document search efforts, including, but not limited to, providing the CDSS with current and past marital history including date and places of marriage and divorce. Also, obtain birth records on the child as soon as possible.
 - iii. Determine whether the child is Native American and whether the Indian Child Welfare Act is applicable. If the child has possible Indian ancestry, County will complete process of notifying all possible tribes and documenting this in court.
 - iv. Share with the CDSS background information as it is obtained about the child, including developmental history, psychological and family health history.
 - v. Advise the birth parent of the option of forgoing FR services and/or relinquishing parental rights. Contact CDSS if the parent indicates an interest in relinquishment or would like additional information about relinquishment or adoption.
 - vi. Provide a written referral to CDSS when FR services are not ordered (W&I Code, Section 361.5), when FR services are terminated due to an order by the court (W&I Code, Section 360 if applicable, 366.21 or 366.22) or when a referral is made for the child before termination of services due to concurrent planning. Provide all necessary documents to the CDSS in order to carry out adoption or concurrent planning services.
 - vii. Provide child abuse and neglect reports and information concerning prospective adoptive parents when requested by CDSS.
 - viii. Provide Department of Justice criminal record clearance(s) of the foster family when requested.
 - ix. Work with CDSS to prepare a report for the W&I Code, Section 366.26 hearing. The CWS social worker's portion of the report will include:

- a. An evaluation of the child's medical, developmental, scholastic, mental, and emotional status.
 - b. A review of the amount and nature of contact between the child and parent(s) since placement.
 - c. A summary of current search efforts for any absent parent.
 - d. Documentation of the relationship of the child to any caretaker, the duration and character of the relationship, the motivation, and a statement from the child about placement and permanence (unless the child is unable to give a meaningful response in which case the child's condition should be stated.)
 - e. A preliminary assessment of the eligibility and commitment of any identified prospective caretaker to provide permanence for the child. The assessment will contain a social history, including screening for criminal records and prior referrals for child abuse or neglect; the capability to meet the child's needs; and an understanding of the legal and financial rights and responsibilities of the recommended plan.
- x. County will provide or purchase Psychological Evaluations and Competency Statements in cases where they are required by statute or regulation.
 - xi. Retain case management responsibility until finalization of the adoption or dismissal of dependency (Manual of Policies and Procedures, Division 31-320.412.)
 - xii. Send notice of hearing, the social worker's court report and the judge's court orders to the CDSS Adoptions District Office for W&I Code 360 if applicable, 361.5 (g), 366.21, 366.22, and 366.26 hearings and any subsequent hearings. Send notice of any appeals filed concerning juvenile court actions, and the appellate court's decisions, to the CDSS.
 - xiii. Prepare a court report every six months for the Juvenile Court to identify progress towards the goal of adoption. Attach the adoption status report provided by the CDSS.
 - xiv. Provide AAP payments as directed by the CDSS to adopting families. Provide Notice of Action and AAP re-assessment forms as required.
 - xv. Send all court orders to CDSS within 30 calendar days after the date of the court hearing.
 - xvi. Retain case management responsibility until finalization of the Adoption or dismissal of dependency. Transfer primary assignment on the CWS/CMS application to Adoptions District Office before closing CWS services case.

b. CDSS Will:

- i. Assess the child with County pursuant to W&I Code, Section 361.5 (g) as soon as practically possible, and before the filing date of the report recommending FR services not be provided.
- ii. Assess the child with CWS approximately 90 days before the 6-month and 12 month review required by W&I Code, Section 366.21 and the 18-month review required by W&I Code, Section 366.22.
- iii. Jointly review the assessment of relatives and/or other potential caregivers that are being considered as a placement resource for a child where successful FR is unlikely, prior to placement or as soon thereafter as possible.
- iv. Consult with the CWS social worker about the possibility of parental relinquishment of the child. If the parent expresses an interest in pursuing adoption, the adoption worker will discuss relinquishment with the parent. If a relinquishment is taken, CDSS will provide written notice to the juvenile court, the relinquishing parent(s) attorney, the child's attorney and the County.
- v. Interview the birth parent whenever possible to advise him or her of the availability of a post adoption agreement and to secure medical/social background information concerning the child and birth parent. The birth parent will be advised that adoption records are kept permanently, and of the opportunity to place information in the adoptions case files after finalization of the adoption. They will also be informed of the procedures for sharing information or having contact after the adoptee becomes an adult.
- vi. Provide assessment of the child before the W&I Code, Section 366.26 hearing. This assessment may include a review of the case record, discussions with the CWS social worker, contacts with the child, the present caretaker, and any other collateral persons involved with the child.
- vii. Work with County to prepare a report for the W&I Code, Section 366.26 hearing. The CDSS report will be submitted to County 21 calendar days before the hearing, and shall include:
 - a. An evaluation of the child's medical, developmental, scholastic, mental, and emotional status.
 - b. The relationship of the child to any siblings, identified prospective adoptive parents, the duration and character of the relationships, the potential for a post adoption contact agreement, the motivation for seeking adoption, and a statement from the child about placement and the adoption (unless the child is unable to give a meaningful response, in which case the child's condition should be stated.)
 - c. A preliminary assessment of eligibility and commitment of any identified prospective adoptive parent, particularly the child's caretaker, to adopt the child. The assessment will contain a social history, including

screening for criminal records and prior referrals for child abuse and neglect; the capability to meet the child's needs; and an understanding of the legal and financial rights and responsibilities of adoption.

- d. An analysis of the likelihood that the child will be adopted if parental rights are terminated.
- viii. Be available for contested W&I Code, Section 366.26 hearings to present expert testimony regarding the child's adoptability and other relevant information.
- ix. If the juvenile court identifies adoption as a permanent goal, it can without terminating parental rights, order the CDSS to locate an adoptive home for the child within 180 days. This applies only to a child whom the court determines is difficult to place for adoption and there is no identified adoptive family. During the 180 days period, CDSS shall contact other private and public adoption agencies about the child availability for adoption.
- x. Provide information concerning adoption to prospective adoptive parents including the availability of and requirements for post adoption contact agreements, pursuant to Family Code Section 8714.7.
- xi. Recruit adoptive families, including those who can fully support and cooperate in the provision of FR services. If necessary, (in cases where the child has been placed cooperatively with another adoption agency) request an adoption homestudy of the identified prospective adoptive family.
- xii. Approve or deny family adoptive assessments homestudies.
- xiii. Prepare the child for adoption. (This may or may not include a placement change.)
- xiv. Coordinate efforts with ICPC to establish and maintain adoptive placements for dependent children who are placed out-of-state.
- xv. Place the child for adoption. Placing a child for adoption may include both moving a child to an adoptive home and signing adoption placement document or signing documents to change the child's current foster placement status to adoption.
- xvi. Promptly notify the County of the date of adoptive placement and date foster care payment is discontinued. These events may not necessarily occur on the same date.
- xvii. Establish AAP eligibility of the child, determine benefit amount and duration, and review and re-assess AAP benefits as needed. Prepare the AAP paperwork, including payment instructions to the County. The duration and amount of all AAP benefits must comply with State regulations.

- xviii. Assume exclusive care and control of the child for the purpose of supervising the adoptive placement of pursuant to W&I Code, Section 366.26 (j) until finalization of the adoption.
- xix. Prepare and present a report to the court in the county in which the Adoption Request was filed with a recommendation concerning the adoption. If the Adoption Request includes a post adoption contact agreement, the CDSS will address in its report whether the post adoption contact agreement is in the child's best interest.
- xx. Confirm in writing to the County that the adoption is finalized and request dependency be dismissed. The CDSS is not authorized to provide the County with a copy of the final decree of adoption.
- xxi. Document case management activities in CWS/CMS pursuant to state guidelines.
- xxii. Conduct other appropriate and necessary permanency planning activities as needed.

12. Services after Permanency Planning

- a. County and CDSS Will:
 - i. Jointly assess each child in long-term foster care, no less than 45 days before the 12 month review of the permanent plan pursuant to W&I Code, Section 366.3 (d).
 - ii. Jointly review the assessment of relatives and/or other potential caregivers that are being considered as potential placement resources for a child prior to placement or as soon thereafter as possible.
- b. County Will:
 - i. Refer the child to the CDSS for an adoption assessment when indicated pursuant to a joint review.
 - ii. Provide a written referral packet for accepted referrals within 5 working days, including all necessary documents for the agency to carry out its functions. Only documents not previously submitted will be needed.
 - iii. Make a secondary assignment on the CWS/CMS application to the Adoptions District Office "in-box caseload" at the time of referral for adoption services.
- c. CDSS Will:
 - i. Assign an Adoptions Specialist for each child for an adoption assessment pursuant to this joint review.

- ii. For each child accepted for study, a written assessment of the child's potential for adoption will be provided 21 calendar days before an annual court review hearing.
- iii. Provide case progress reports to the County 21 calendar days prior to each 6-month review following the W&I Code Section 366.26 hearing until such time as the adoption is finalized or the case is referred to the County because adoption is no longer the plan for the child.

The case progress report may include:

- a) A summary of contacts.
- b) Adjustment of the child to the adoptive home.
- c) Specific circumstances or problems that affect the child or the placement.
- d) Progress made in the adoption process.
- e) Steps needed to complete the adoption.

C. CONFLICT RESOLUTION REGARDING CASE MANAGEMENT

The County and the CDSS will use customary and available problem-solving methods and resources in efforts to resolve differences. Any disagreements or conflicts regarding a case will be resolved as follows:

1. The primary social workers from the County and the CDSS will meet and confer to resolve differences.
2. If the primary social workers are unable to resolve differences, the County supervisor and the CDSS supervisor and primary caseworkers will meet and confer to resolve differences.
3. If the supervisors and social workers are unable to resolve differences, the County Program Manager and the CDSS District Office Manager and their respective supervisors and social workers will meet and confer to resolve differences.
4. If issues that are regulatory or statutory in nature cannot be resolved adequately at the local level through the above procedures, the matter in dispute will be referred in writing to the appropriate state administrative office(s) for clarification and direction.

D. PARTIAL INVALIDITY

Should any part, term, portion, or provision of this contract agreement be finally decided by a court of competent jurisdiction to be in conflict with any law of the United States or the State of California, or otherwise be unenforceable or ineffectual, the validity of the

remaining parts, terms, portions, or provisions will be deemed severable and will not be affected thereby, provided such remaining portions or provisions can be construed in substance to constitute the agreement which the parties intended to enter into in the first place.

E. TERM; TERMINATION OF AGREEMENT. This Agreement shall commence on July 1, 2012 and shall terminate on June 30, 2013. This contract may be terminated without cause by either party upon one hundred and twenty (120) days with written notice to the other party.

F. INDEMNIFICATION.

a. CLAIMS ARISING FROM THE ACTS OR OMISSIONS OF THE COUNTY. The County hereby agrees to defend and indemnify the California Department of Social Services (CDSS), its agents, officers, and employees (hereinafter collectively referred to as the State), from any claim, action or proceeding against the State, arising out of acts or omissions of the County in the performance of this Contract. At its discretion, the State may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve the County of any obligation imposed by this Contract. The State shall notify the County promptly of any claim, action or proceeding and cooperate fully.

b. CLAIMS ARISING FROM THE ACTS OR OMISSIONS OF THE STATE

The State hereby agrees to defend and indemnify the County, its agents, officers, and employees (hereinafter collectively referred as the County), from any claim, action, or proceeding against the County arising out of the acts or omissions of the State in the performance of this Contract. At its discretion, the County may participate at its own expense in the defense of any claim, action or proceeding, but such participation shall not relieve the State of any obligation imposed by this Contract. The County shall notify the State promptly of any claim, action or proceeding and cooperate fully.

G. RETENTION OF RECORDS. Pursuant to Government Code section 8546.7, the performance of any work under this Agreement is subject to the examination and audit of the State Auditor at the request of County or as part of any audit of County for a period of three years after final payment under the Agreement. Each party hereto shall retain all records relating to the performance of the Work and the administration of the Agreement for three years after final payment hereunder.

H. COMPENSATION. Compensation to CDSS shall be paid in accordance with the budget statement set forth on Attachment A attached and incorporated by this reference.

I. The project representatives during the term of this agreement will be:

CDSS:

Carmen George
Adoptions Services Bureau
744 P Street, MS 8-12-31
Sacramento, CA 95814
(916) 651-8106
Fax: (916) 651-8143

COUNTY:

Anne Watts, CWS Program Manager
Amador County Department of Social Services
10877 Conductor Blvd. Suite 200
Sutter Creek, CA 95685
(209) 223-6550
Fax: (209) 257-0642

Changes to the project representative information may be made by written notice to the other party and shall not require an amendment to this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF AMADOR

CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES

BY: _____
Richard M. Forster, Chairman

BY: _____

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF
THE BOARD OF SUPERVISORS

BY: _____
Gregory Gillott, County Counsel

BUDGET STATEMENT

Assembly Bill (AB) 118 (Chapter 40, Statutes of 2011) and ABX1 16 (Chapter 13, Extraordinary Session, Statutes of 2011) realigned the funding for agency adoptions from the State to the local governments and redirected specific tax revenues to fund these services. AB 118 and ABX1 16 realigned a total of \$6 million general fund to the counties who have not had a licensed public adoption agency. As stated in County Fiscal Letter (CFL) Number 11/12-18 dated September 16, 2011, the county specific distribution of the \$6 million general fund were based on a percent to total of each county's specific twelve year average of Child and family referrals within the California Department of Social Services District Offices that have been providing agency adoption services to these counties.

In consultation with the Child Welfare Director's Association, for those counties opting to contract directly with CDSS to continue the agency adoption services, CDSS will invoice each on a monthly cost per case basis of \$250 based on the county specific distribution provided in CFL No. 11/12-18. The CDSS will invoice the County quarterly the total cost for each active child case and each family case referred to the District Office for adoptions services. This rate would be claimed up to but not exceeding \$50,975.

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
02/26/2013	

To: Board of Supervisors

Date: 02/05/2013

Agmt

From: James Foley, Director of HHS
(Department Head - please type)

Phone Ext. 412

Department Head Signature

Agenda Title: 1st Amendment between Davis Guest Home and Amador County Behavioral Health FY 2012-2013

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

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve this 1st Amendment to increase the "Not to Exceed amount from \$90,000 to \$150,000". This is due to additional Amador County clients being placed into this facility in this fiscal year.

Recommendation/Requested Action:
Approval of Amendment

Fiscal Impacts (attach budget transfer form if appropriate) <u>none</u>	Staffing Impacts <u>None</u>
--	------------------------------

Is a 4/5ths vote required? Yes No

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

Request Reviewed by:

Chairman _____	Counsel _____
Auditor <u></u>	GSA Director _____
CAO <u></u>	Risk Management <u></u>

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

Please return two original Amendments to Angie Grau in Behavioral Health. Risk (electronic)

FOR CLERK USE ONLY

Meeting Date <u>February 26, 2013</u>	Time <u>9 a.m.</u>	Item # <u>4C</u>
Board Action: Approved Yes ___ No ___ Unanimous Vote: Yes ___ No ___		
Ayes: _____	Resolution _____	Ordinance _____
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

FIRST AMENDMENT TO SERVICES AGREEMENT

THIS FIRST AMENDMENT TO SERVICES AGREEMENT (this "First Amendment") is made as of _____, 2013 by and between COUNTY OF AMADOR, a political subdivision of the State of California ("County") and LONNY DAVIS, individually and d.b.a. DAVIS GUEST HOME, INC., a California corporation (the "Contractor").

RECITALS

A. County and Contractor executed an agreement (the "Original Agreement") dated as of June 26, 2012 whereby Contractor agreed to provide a residential care facility using a system of augmented support services to assist seriously mentally ill clients upon the terms and conditions set forth in the Original Agreement.

B. County and Contractor desire to modify the Original Agreement as set forth in this First Amendment. The Original Agreement, as amended by this First Amendment, shall be referred to as the "Agreement."

NOW, THEREFORE, the parties agree as follows:

1. Attachment B to the Original Agreement is hereby deleted, and the document attached as Attachment B to this First Amendment is substituted in its place:


2. Except as set forth in this First Amendment, the Agreement shall remain unmodified and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this First Amendment as of the date first set forth above.

COUNTY OF AMADOR

LONNY DAVIS, individually and d.b.a.
DAVIS GUEST HOME, INC., a California
corporation

BY: _____
Richard M. Forster
Chairman, Board of Supervisors


BY: _____
LONNY DAVIS

Federal I.D. No.: 94-2532667

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY: _____
Gregory Gillott

BY: _____

ATTACHMENT B- Fee Schedule

Transitional Resident Charges

\$75.00 per client per day

Some residents may have acuity issues that could require additional staffing and medication interventions. In order to keep these clients in their placement, an additional fee may need to be assessed depending on their acuteness and behavior. In the event Contractor determines that such additional staffing or medication interventions are warranted, Contractor shall notify County in writing of the requested additional interventions, including a revised cost per client per day. In no event shall the cost per client per day exceed \$143.00 per day. Contractor shall not provide such additional interventions or assess such additional costs without the approval of County.

This contract shall not exceed One Hundred and Fifty Thousand Dollars (\$150,000) during Fiscal Year 2012/2013.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
08/23/2012PRODUCER Phone: (510) 233-2600 Fax: (510) 235-3522
NEK INSURANCE, INC.
PO BOX 809
EL CERRITO CA 94530

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 0350715

INSURED
DAVIS GUEST HOME, INC.
1878 EAST HATCH ROAD
MODESTO CA 95351

INSURER A: PHILADELPHIA INDEMNITY INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

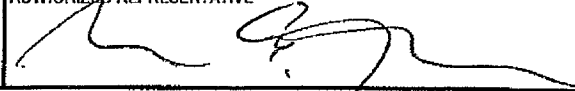
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	PHPK866403	05/14/12	05/14/13	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED. EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY				PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 3,000,000	
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PRODUCTS-COMP/OP AGG.	\$ 3,000,000	
A		AUTOMOBILE LIABILITY	PHPK866403	05/14/12	05/14/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS			AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> NON-OWNED AUTOS			OTHER THAN AUTO ONLY: EA ACC	\$	
					AGG	\$	
		GARAGE LIABILITY			EACH OCCURRENCE	\$	
		<input type="checkbox"/> ANY AUTO			AGGREGATE	\$	
						\$	
		EXCESS / UMBRELLA LIABILITY				\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$	
						\$	
		DEDUCTIBLE				\$	
		RETENTION \$				\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			W/C STATUTORY LIMITS		OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below			E.L. DISEASE-EA EMPLOYEE	\$	
					E.L. DISEASE-POLICY LIMIT	\$	
		OTHER:					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
SEE SUPPLEMENTAL CERTIFICATE INFORMATION**CERTIFICATE HOLDER**COUNTY OF AMADOR
ITS OFFICERS, EMPLOYEES AND VOLUNTEERS
500 ARGONAUT LANE
JACKSON, CA 95642-9534**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Attention:

ACORD 25 (2001/08)

Certificate # 32537

© ACORD CORPORATION 1988

SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #32537

DATE
MAY 23 12.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS PER FORM CG2026 & CA2046.

RE: 1878 EAST HATCH ROAD, MODESTO, CA / 1900 EAST HATCH ROAD, MODESTO, CA / 1628 NADINE AVENUE, MODESTO, CA / 1552 OHIO AVENUE, MODESTO, CA / 2405 MAUNA LOA DRIVE, CERES, CA & 1209 N. CENTRAL AVENUE, MODESTO, CA / 1232 NADINE AVENUE, MODESTO, CA

10 DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
COUNTY OF AMADOR ITS OFFICERS, EMPLOYEES AND VOLUNTEERS 500 ARGONAUT LANE JACKSON, CA 95642-9534
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



GENERAL SERVICES ADMINISTRATION

DEPARTMENT OF GENERAL SERVICES CONTRACT & PURCHASING SERVICES DIVISION

EXEMPTION REQUEST TO COMPETITIVE BID/PROPOSAL & DISCLOSURE STATEMENT

Purpose: You must complete this form for any acquisition where the basis for the vendor/contractor is:

1. There is only one specific supply or service that can reasonably meet your needs.
2. There is only one vendor/contractor who can reasonably provide that supply or service.

Requesting Department: Behavioral Health **Date of Request:** 02/04/2013

Contact Name: Angie Grau **Phone:** 223-6346

Estimated Total Cost: \$ 150,000.00 **Proposed Vendor:** Davis Guest Home

This form must accompany the purchase requisition whenever an exception to State and local laws/policies subject to the competitive bidding/proposal process is requested. Requests for goods and/or services from a specific vendor, or limited to a specific brand, where substitutes to the recommended vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make competition or alternatives unacceptable. The employee signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. County employees who have a business relationship with or financial interest in the recommended vendor/contractor must disclose the conflict of interest. Any employee with an actual or potential conflict of interest may not participate in the purchase decision.

The Purchasing Agent or authorized designee will determine whether the justification is appropriate. Requests for exception must be supported by factual statements.

____ Sole Source: Item is available from only one vendor. Item is one-of-a-kind item and is not sold through distributors. Manufacturer is a sole distributor.

____ Sole Brand: Various vendors can supply the specified model and brand and competitive bid/proposal will be solicited for the brand requested only.

Exceptions: Services or goods of a unique nature where competition would for any reason be impractical, impossible and not in the public's best interest. Check those that apply.

- Expert or specialized professional services Legal printing
 Legal services Emergency Existing public contract
 Insurance Existing contract Other, define below

INSTRUCTIONS

1. Please check all applicable categories (a. through i.) below and provide additional information where indicated.

- a. The requested product is an integral repair part or accessory compatible with existing equipment.
- b. The requested product has unique design/performance specifications or quality requirements that are not available in comparable products.

- c. The requested product is standardized in accordance with Section 3.08.260 and the use of another brand/model would require considerable time and funding to evaluate and change.
- d. The requested product is one in which I (and/or my staff) have specialized training and/or extensive expertise. Retraining would incur substantial cost in time and/or funding.
- e. The requested product is used or demonstration equipment available at a lower-than-new cost.
- f. Repair/Maintenance service is available only from manufacturer or designated service representative.
- g. Upgrade to or enhancement of existing software is available only from manufacturer.
- h. Service proposed by vendor/contractor is unique; therefore, competitive bids/proposals are not reasonable or applicable. Describe below the unique qualifications, rights, licenses, etc. this vendor/contractor possesses and the distinctive service to be provided
- i. Other factors (provide detailed explanation in #2 below).

2. Provide a detailed explanation and pertinent documentation for each category checked in item 1 above. Attach additional sheets if necessary:

This contractor provides professional services for clients of Amador County. Contractor has a current agreement signed by the Board of Supervisor for professional services. This contractor operates a Residential Care Facility for adult clients.

Davis Guest home addresses adult clients with serious psychiatric impairment which include:

- Difficulty managing self-care, bathing, dressing, grooming, toileting, and eating.
- Sub-acute danger to self; including suicidal ideation.
- Gross inactivity
- Basic difficulties in sharing, co-existing in a room with another person.
- Exaggerated, loud outbursts in response to perceived injustices.
- Borrowing, begging or stealing or inappropriate handling of money or property.
- Medication compliance.
- Paranoid perception- which goes unvoiced and sometimes leads to the person acting out of place in the community.
- Reversed sleep patterns- up all night, sleeping in the day.
- Sexual acting out.
- Excessive dependency.

3. Was an evaluation of other equipment, products, or services performed? Yes No
If yes, please provide all supporting documentation.

4. List below the name of each individual who was involved in the evaluation, if conducted, and in making the recommendation to procure this product or service. Attach additional information, if any potential Conflict of Interest is known.

2/4/13 HBR

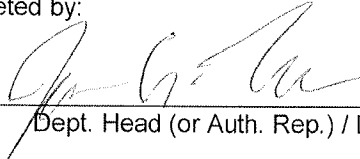
THESE SERVICES HAVE BEEN EVALUATED & DETERMINED TO BE UNIQUE DUE TO LIMITED AVAILABILITY IN PROVIDING SERVICE TO ADULT CLIENTS WITH SERIOUS PSYCHIATRIC IMPAIRMENTS. IN ADDITION, MULTIPLE SIMILAR SERVICES ARE SOMETIMES NEEDED IN ORDER TO GUARANTEE BED SPACE OR CLINICAL & PROFESSIONAL SUPPORT FOR THE COUNTY. THE SPECIFIC ~~UNIQUE~~ UNIQUE NEEDS & REQUIREMENTS FOR UTILIZING DAVIS GUEST HOME ARE DETERMINED BY BEHAVIORAL HEALTH PROFESSIONALS.

CERTIFICATION:

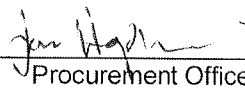
I am aware of Amador County polices and laws concerning purchasing procedures and requisitioning. As an approved department representative, I have gathered technical information and have made a concentrated effort to review comparable/equal equipment and/or services. This is documented in this justification. I further declare there is no real or potential Conflict of Interest and have: 1) received no income or gifts from this vendor/contractor and; 2) no financial interests in this company and; 3) no other type of business relationship with this vendor/contractor and; 4) to the best of my knowledge no member of my staff or near relative has any financial interest in this company. I hereby certify as to the validity of the information and feel confident this justification for sole source/sole brand/exception is accurate and appropriate for this acquisition.

This form was completed by:

DEPARTMENT
APPROVAL:

 Angie Garcia 2/16/13
Dept. Head (or Auth. Rep.) / Date

PROCUREMENT
APPROVAL:

 2/11/13
Procurement Officer / Date

BALANCE SHEET

CONTRACT: Crestwood Behavioral Health, Inc. Term of Contract July 12-June 13
 CAP Amount **110,000.00**

Date of Invoice	Invoice #	Amount	Services for	Balance
				110,000.00
8/2/2012	C0272012-7	4,199.00	July 12	-4,199.00
9/5/2012	C0272012-8	1,815.04	August 12	-1,815.04
10/2/2012	C0272012-9	6,806.40	September 12	-6,806.40
11/2/2012	C0272012-10	17,497.28	October 12	-17,497.28
12/4/2012	C0272012-11	19,886.40	November 12	-19,886.40
1/3/2013	C0272012-12	20,890.44	December 12	-20,890.44
Balance				38,905.44

up the cap to \$250,000

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: 02/04/2013

Agmt

From: James Foley, Director of HHS
(Department Head - please type)

Phone Ext. 412

Department Head Signature *James Foley*

<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>02/26/2013</u>	

Agenda Title: 3rd Amendment between Sierra Child & Family Services for Fiscal Year 2012-2013

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

The Director of Health and Human Services, Behavioral Health Department requests the Board of Supervisors approve this 3rd Amendment to increase the " Not to Exceed amount from \$100,000 to \$ 125,000". This is due to additional Amador County children being placed in the inpatient facility for mentally and emotionally disturbed boys.

Recommendation/Requested Action:

Approval of Agreement

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts None

Budgeted

Is a 4/5ths vote required? Yes No

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"/>

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____

Counsel _____

Auditor *EDD*

GSA Director _____

CAO *JF*

Risk Management *MPH*

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

Please return two original amendments to Angie Grau in Behavioral Health. Risk (electronic)

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # HD

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 _____
Completed by _____	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

THIRD AMENDMENT TO SERVICES AGREEMENT

THIS THIRD AMENDMENT TO SERVICES AGREEMENT (this "Third Amendment") is made as of _____, 2013 by and between COUNTY OF AMADOR, a political subdivision of the State of California ("County") and SIERRA CHILD AND FAMILY SERVICES, INC., a California corporation (the "Contractor").

RECITALS

A. County and Contractor executed an agreement (the "Original Agreement") dated as of March 2, 2010 whereby Contractor agreed to provide Therapeutic Behavioral Services (TBS) and wrap-around (like) services for emotionally disturbed girls and boys upon the terms and conditions set forth in the Original Agreement. The Original Agreement was amended by that certain First Amendment to Services Agreement dated as of July 26, 2011 and that certain Second Amendment to Services Agreement dated as of August 14, 2012. The Original Agreement, as so amended, is referred to as the "Agreement."

B. County and Contractor desire to further modify the Agreement as set forth in this Third Amendment.

NOW, THEREFOR, the parties agree as follows:

1. The parenthetical phrase appearing under the caption "Attachment B" on said Attachment shall be modified to read as follows:
"(Compensation to Contractor under this Agreement for FY 2012/2013 Shall not exceed \$125,000)"
2. Except as set forth in this Third Amendment, the Agreement shall remain unmodified and in full force and effect.

Signatures on following page

IN WITNESS WHEREOF, the parties have executed this Third Amendment as of the date first set forth above.

COUNTY OF AMADOR

CONTRACTOR:
SIERRA CHILD AND FAMILY SERVICES,
INC.

BY: _____
Richard M Forster
Chairman, Board of Supervisors

BY: 
Barry Harwell, Director

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL
COUNTY OF AMADOR

ATTEST:
JENNIFER BURNS, CLERK OF THE
BOARD OF SUPERVISORS

BY: _____
Gregory Gillott

BY: _____



CERTIFICATE OF LIABILITY INSURANCE

SIERR-8

OP ID: AU

DATE (MM/DD/YYYY)

08/06/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CCI Financial & Ins. Solutions License #0381524 P. O. Box 5076 San Ramon, CA 94583-1328 Richard Bilotti	925-866-7050 925-866-8275	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Non-Profits Ins Alliance of CA</td> <td></td> <td>10023</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Non-Profits Ins Alliance of CA		10023	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																						
INSURED Sierra Child & Family Services, Inc. PO Box 1987 Diamond Springs, CA 95619																						


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		201204899NPO	08/01/12	08/01/13	EACH OCCURRENCE	\$ 1,000,000
							\$ 500,000	
							\$ 20,000	
							\$ 1,000,000	
							\$ 3,000,000	
							\$ 3,000,000	
							\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			201204899NPO	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							\$	
							\$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			201204899UMBPO	08/01/12	08/01/13	EACH OCCURRENCE	\$ 2,000,000
							\$ 2,000,000	
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							\$	
							\$	
							\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Board of Supervisors meeting scheduled for 08/14/12. County of Amador, its officers, officials, employees, and volunteers are named as additional insured per the attached endorsement.

CERTIFICATE HOLDER**CANCELLATION**

AMACOUN Amador County Office of Risk Mgmt 810 Court St Jackson, CA 95842	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

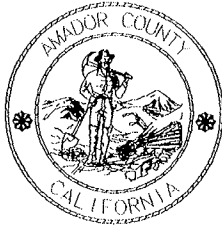
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



GENERAL SERVICES ADMINISTRATION

DEPARTMENT OF GENERAL SERVICES CONTRACT & PURCHASING SERVICES DIVISION

EXEMPTION REQUEST TO COMPETITIVE BID/PROPOSAL & DISCLOSURE STATEMENT

Purpose: You must complete this form for any acquisition where the basis for the vendor/contractor is:

1. There is only one specific supply or service that can reasonably meet your needs.
2. There is only one vendor/contractor who can reasonably provide that supply or service.

Requesting Department: Behavioral Health **Date of Request:** 02/04/2013

Contact Name: Angie Grau **Phone:** 223-6346

Estimated Total Cost: \$ 125,000.00 **Proposed Vendor:** Sierra Child & Family Services

This form must accompany the purchase requisition whenever an exception to State and local laws/policies subject to the competitive bidding/proposal process is requested. Requests for goods and/or services from a specific vendor, or limited to a specific brand, where substitutes to the recommended vendor or brand are unacceptable, must be accompanied by a written justification explaining the circumstances that make competition or alternatives unacceptable. The employee signing the justification must disclose in writing whether or not he/she has a potential or actual conflict of interest. County employees who have a business relationship with or financial interest in the recommended vendor/contractor must disclose the conflict of interest. Any employee with an actual or potential conflict of interest may not participate in the purchase decision.

The Purchasing Agent or authorized designee will determine whether the justification is appropriate. Requests for exception must be supported by factual statements.

____ Sole Source: Item is available from only one vendor. Item is one-of-a-kind item and is not sold through distributors. Manufacturer is a sole distributor.

____ Sole Brand: Various vendors can supply the specified model and brand and competitive bid/proposal will be solicited for the brand requested only.

Exceptions: Services or goods of a unique nature where competition would for any reason be impractical, impossible and not in the public's best interest. Check those that apply.

- Expert or specialized professional services Legal printing
 Legal services Emergency Existing public contract
 Insurance Existing contract Other, define below

INSTRUCTIONS

1. Please check all applicable categories (a. through i.) below and provide additional information where indicated.

a. The requested product is an integral repair part or accessory compatible with existing equipment.

b. The requested product has unique design/performance specifications or quality requirements that are not available in comparable products.

- c. The requested product is standardized in accordance with Section **3.08.260** and the use of another brand/model would require considerable time and funding to evaluate and change.
- d. The requested product is one in which I (and/or my staff) have specialized training and/or extensive expertise. Retraining would incur substantial cost in time and/or funding.
- e. The requested product is used or demonstration equipment available at a lower-than-new cost.
- f. Repair/Maintenance service is available only from manufacturer or designated service representative.
- g. Upgrade to or enhancement of existing software is available only from manufacturer.
- h. Service proposed by vendor/contractor is unique; therefore, competitive bids/proposals are not reasonable or applicable. Describe below the unique qualifications, rights, licenses, etc. this vendor/contractor possesses and the distinctive service to be provided
- i. Other factors (provide detailed explanation in #2 below).

2. Provide a detailed explanation and pertinent documentation for each category checked in item 1 above. Attach additional sheets if necessary:

This contractor provides professional services for children of Amador County and we currently have children placed in this residential care facility. This contractor has a current agreement signed by the Board of Supervisor for professional services. We are required to provide "Specialty Mental Health Services" as defined in California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Section 1810.247. This contractor provides level 12 group homes for children between the ages of 6 and 14. They provide intensive, specialized 24-hour care to children who are experiencing behavioral and emotional problems.

Services include:

- Clinical assessment
- Individual treatment planning
- Clinical social work, positive behavioral intervention
- Individual, group, family and reunification counseling
- Non-Public school placement when part of the Individual Education Plan
- Psychiatric evaluation and medication management
- Discharge planning including transition to their family home or foster family placement and adoption.

3. Was an evaluation of other equipment, products, or services performed? Yes No
If yes, please provide all supporting documentation.

4. List below the name of each individual who was involved in the evaluation, if conducted, and in making the recommendation to procure this product or service. Attach additional information, if any potential Conflict of Interest is known.

SEE NUMBER 2 ABOVE. THESE SERVICES ARE UNIQUE DUE TO LIMITED AVAILABILITY IN PROVIDING MENTAL HEALTH SERVICES TO CHILDREN BETWEEN THE AGES OF 6 & 14.

Hop
2/11/13

AGENDA TRANSMITTAL FORM

<input type="checkbox"/>	Regular Agenda
<input checked="" type="checkbox"/>	Consent Agenda
<input type="checkbox"/>	Blue Slip
<input type="checkbox"/>	Closed Session
Meeting Date Requested:	
03/12/13	<u>2/26/13</u>

To: Board of Supervisors
 Date: February 12, 2013

Nisc

From: James Foley, Director Phone Ext. 625
 (Department Head - please type)

Department Head Signature *[Signature]*

Agenda Title: Request to hire for 2 positions in Social Services

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
 Request to fill 2 positions:

Eligibility Worker I
 Employment and Training Worker I

These are Merit Systems positions and must be hired through the Merit Systems process.

Recommendation/Requested Action:
Authorize the requested action

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts None

Positions are budgeted _____

Is a 4/5ths vote required? Yes No

Committee Review? Name Administrative Committee 3/4/13 N/A

Committee Recommendation: _____

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

Request Reviewed by:

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

Distribution Instructions: (Inter-Departmental Only, the requesting Department is responsible for distribution outside County Departments)
Copy of approved ATF to Chris @ Social Services, HR and Auditor

FOR CLERK USE ONLY

Meeting Date February 26, 2013 Time 9 a.m. Item # 7A

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 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
Completed by _____		


Save

DEPARTMENT OF SOCIAL SERVICES

10877 Conductor Blvd. Suite 200, Sutter Creek, CA 95685 PHONE (209) 223-6550



To: Amador County Board Clerk

From: Jim Foley, HHS Director 

Date: February 12, 2013

RE: Request 2 items be placed on Administrative Committee Agenda for March 4, 2013

Request to hire for the following 2 positions in Social Services:

- 1) One FTE Eligibility Worker I
- 2) One FTE Employment and Training Worker I

cc: Chuck Iley, CAO
Diane Blanc, HR Director

Attachment

Eligibility Worker and Welfare to Work hires

No General Funds are involved for either position,
none now, none in the future

Eligibility Worker

- The elimination of the Healthy Families program, and the transition to Medi-Cal, has already begun to impact the Eligibility workload
- Changes in Health Care will continue to increase the workload on the Eligibility Workers
- There will be additional funds coming to pay for the increased hiring mandated by the healthcare changes
- Efficiency will be mandated (caseload responsiveness and "time to answer" on phone calls will be monitored by the state
- Financial analysis (mock claim) has shown that hiring an Eligibility Worker will be reimbursed at 120% which will allow us to keep more money in the Realignment Trust
- The funding is currently in the budget to hire for this position immediately and actually achieve a net cost savings

Employment and Training Worker

- This position in the Welfare to Work department is necessary due to the passage of SB1041 which modified the rules for unemployment benefits. More focus is now on getting welfare recipients back to work (See ACLs 12-53, 12-53E, 13-01, 12-72, 12-67, 12-69 with 3 more letters coming RE: implementation of SB1041)
- If we do not spend this focused funding it will not only move the money to other counties, thereby cheating Amador residents of this critical service, but it will also

lower the total allocation to other counties

- The average caseload of an ETW in other counties is 55-85, in Amador is currently 254
- Financial analysis (mock claim) has shown that hiring an Employment and Training Worker (ETW) will be reimbursed at 120% which will allow us to keep more money in the Realignment Trust
- The funding is currently in the budget to hire for this position immediately and actually achieve a net cost savings



AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: February 19, 2013

Misc.

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

Phone Ext. 759

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

Meeting Date Requested:

02/26/2013

Department Head Signature _____

Agenda Title: Dispense with the formal bid procedures for the purchase of (1) used vehicle from Jeff Holman Auto Center.

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

This vehicle is for the D.A., the funds have been approved through our 2012-2013 budget process.

Recommendation: Due to the unique nature of used vehicles, dispense with the formal bid procedures and authorize the Purchasing Agent to issue a P.O. in the amount of \$19,498.32 to Jeff Holman Auto Center, Martell, CA for the purchase of one used 2010 Dodge Journey AWD.

Recommendation/Requested Action:

See above

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts N/A

Is a 4/5ths vote required?

Yes

No

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached:

Yes

No

N/A

Comments: _____

Request Reviewed by:

Chairman _____

Counsel _____

Auditor _____

GSA Director Hop

CAO _____

Risk Management Ymca

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

GSA Jon Hopkins, Audit Joe Lowe, Risk (electronic)

FOR CLERK USE ONLY

Meeting Date

February 26, 2013

Time

9 a.m.

Item #

7B

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 _____

Completed by _____

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