

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: October 25, 2013

Misc. Appnt/Resign.

<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>November 12, 2013</u>	

From: Theodore F. Novelli, Supervisor District 3
(Department Head - please type)

Phone Ext. 470

Department Head Signature _____

Agenda Title: Mental Health Advisory Board

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

Approval of the appointment of Mr. Christopher Medeiros to the subject Board for a term of three (3) years.

Recommendation/Requested Action:

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

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

Committee Review? N/A

Name _____

Committee Recommendation: _____

Comments: _____

Request Reviewed by:

Chairman _____

Counsel GG

Auditor EDL

GSA Director HP

CAO [Signature]

Risk Management _____

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

Bethany Renfree-Behavioral Health; Committee clerk to send letter to appointee

FOR CLERK USE ONLY

Meeting Date November 12, 2013 Time 9 a.m. Item # 6A

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

Save

COMMITTEE MEMBER APPLICATION FORM

BH Advisory Board

Date 10/23/2013

Please consider me for the following committee:

Family member Consumer

NAME:

Mailing Address:

Physical Address:

Business Address:

Telephone - Home:

Work:

Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):

I'm a consumer at Behavior Health, as is my daughter. I have been going to the Sierra Wind Wellness and Recovery Center for 3 1/2 years. I'm currently facilitating three groups at the Wellness Center. The groups are emotional intelligence, PTSD, and self-awareness. People with mental health issues, in our community, are one of my concerns. Also, having personal experience with a lot of these issues, gives me the experience I need to help them out. I want to make sure that all voices are heard and that the outcome to be positive. I'm strong, task oriented, driven and what, who is willing to help all those who want to be heard and have a voice in a system. I want to be part of the solution with mental health in our community.

Signature

*Please be aware this completed form may be released to any member of the public or media upon request.

-FOR CLERKS USE ONLY-

Application Accepted

Date Appointed _____

Term Expires _____

Application Rejected

Committee Number _____

Supervisorial District _____

AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Misc.

Date: October 29, 2013

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

Meeting Date Requested:

11/12/13

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

Phone Ext. 759

Department Head Signature [Signature]

Agenda Title: Dispense with formal bid procedures for the purchase of one (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 Agriculture department, the funds have been approved through the 2013-2014 budget process. On October 22, 2013 the Board approved this request from the Agriculture department to purchase a used vehicle to replace two Chevy Colorado trucks.

Recommendation: Due to the nature of used vehicles, dispense with the formal bid procedures and authorize the Purchasing Agent to issue a P.O. in the amount of \$22,738.32 to Jeff Holman Auto Center for the purchase of one used 2012 Ford Fusion.

Recommendation/Requested Action:

See above

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required?

Yes

No

Contract Attached:

Yes

No

N/A

Resolution Attached:

Yes

No

N/A

Ordinance Attached

Yes

No

N/A

Comments:

Committee Review?

N/A

Name _____

Committee Recommendation: _____

Request Reviewed by:

Chairman [Signature]

Counsel GG

Auditor [Signature]

GSA Director [Signature]

CAO [Signature]

Risk Management _____

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

GSA Jon Hopkins; Agriculture department ; Auditor

FOR CLERK USE ONLY

Meeting Date

November 12, 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

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

ATTEST: _____

For meeting

Clerk or Deputy Board Clerk

of

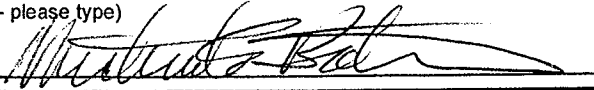
AGENDA TRANSMITTAL FORM

To: Board of Supervisors

Date: October 15, 2013

From: Mike Boitano
(Department Head - please type)

Phone Ext. 481

Department Head Signature 

<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>10/22/13</u>	

Agenda Title: Replacement of County vehicle

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
This request is going directly to the Board of Supervisors because there is no Administrative Committee meeting until November 4th and Jeff Holman is holding the vehicle for a short period of time.

Recommendation/Requested Action:

Board Chairman signature

Fiscal Impacts (attach budget transfer form if appropriate)

Staffing Impacts

Is a 4/5ths vote required? Yes No

Committee Review? Name _____ 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 GC
Auditor _____ GSA Director HOP
CAO Ch Risk Management [Signature]

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

return copy of signed ATF to Ag Department

FOR CLERK USE ONLY

Meeting Date 10/22/13 Time _____ Item # 7C

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

Ayes: 5 Resolution _____ Ordinance _____ Other: _____
Noes: 0 Resolution _____ Ordinance _____
Absent: 0 Comments: _____

Distributed on 10-23-13
Completed by P.W.

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: [Signature]
Clerk or Deputy Board Clerk

H. (Optional) Surface Protection Product (to whom paid) \$ N/A (H)
 I. EV Charging Station (to whom paid) \$ N/A (I)
 J. Sales Tax (on Total Price in A through F) \$ 1684.32 (J)
 K. Electronic Vehicle Registration or Transfer Charge (not a governmental fee) (to whom paid) \$ N/A (K)
 L. (Optional) Service Contract (to whom paid) \$ N/A (L)
 M. (Optional) Service Contract (to whom paid) \$ N/A (M)
 N. (Optional) Service Contract (to whom paid) \$ N/A (N)
 O. (Optional) Service Contract (to whom paid) \$ N/A (O)
 P. (Optional) Service Contract (to whom paid) \$ N/A (P)
 Q. Prior Credit or Lease Balance paid by Seller to (e) \$ N/A (Q)

(see downpayment and trade-in calculation)
 R. (Optional) Gap Contract (to whom paid) \$ N/A (R)
 S. (Optional) Used Vehicle Contract Cancellation Option Agreement \$ N/A (S)
 T. Other (to whom paid) \$ N/A (T)
 For _____ \$ N/A (T)

Total Cash Price (A through T) \$ 22738.32 (1)

2. Amounts Paid to Public Officials
 A. Vehicle License Fees \$ N/A (A)
 B. Registration/Transfer/Titling Fees \$ N/A (B)
 C. California Tire Fees \$ N/A (C)
 D. Other _____ \$ N/A (D)
 Total Official Fees (A through D) \$ N/A (2)

3. Amount Paid to Insurance Companies
 (Total premiums from Statement of Insurance column a + b) \$ N/A (3)

4. State Emissions Certification Fee or State Emissions Exemption Fee \$ N/A (4)

5. Subtotal (1 through 4) \$ 22738.32 (5)

6. Total Downpayment
 A. Agreed Trade-In Value Yr _____ Make _____ \$ N/A (A)
 Model _____ Odom _____
 VIN _____
 B. Less Prior Credit or Lease Balance (e) \$ N/A (B)
 C. Net Trade-In (A less B) (indicate if a negative number) \$ N/A (C)
 D. Deferred Downpayment \$ N/A (D)
 E. Manufacturer's Rebate \$ N/A (E)
 F. Other _____ \$ N/A (F)
 G. Cash \$ N/A (G)
 Total Downpayment (C through G) \$ 0.00 (6)
 (If negative, enter zero on line 6 and enter the amount less than zero as a positive number on line 1Q above)

7. Amount Financed (5 less 6) \$ 22738.32 (7)

insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown above.

You are applying for the credit insurance marked above. Your signature below means that you agree that: (1) You are not eligible for insurance if you have reached your 65th birthday. (2) You are eligible for disability insurance only if you are working for wages or profit 30 hours a week or more on the Effective Date. (3) Only the Primary Buyer is eligible for disability insurance. **DISABILITY INSURANCE MAY NOT COVER CONDITIONS FOR WHICH YOU HAVE SEEN A DOCTOR OR CHIROPRACTOR IN THE LAST 6 MONTHS** (Refer to "Total Disabilities Not Covered" in your policy for details).
 You want to buy the credit insurance.

N/A X
 Date Buyer Signature Age
N/A X
 Date Co-Buyer Signature Age

OPTIONAL GAP CONTRACT A gap contract (debt cancellation contract) is not required to obtain credit and will not be provided unless you sign below and agree to pay the extra charge. If you choose to buy a gap contract, the charge is shown in item 1R of the Itemization of Amount Financed. See your gap contract for details on the terms and conditions it provides. It is a part of this contract.

Term N/A Mos. N/A
 Name of Gap Contract _____

I want to buy a gap contract.
 Buyer Signs X _____

OPTIONAL SERVICE CONTRACT(S) You want to purchase the service contract(s) written with the following company(ies) for the term(s) shown below for the charge(s) shown in item 1L, 1M, 1N, 1O, and/or 1P.

1L Company N/A
 Term N/A Mos. or N/A Miles
 1M Company N/A
 Term N/A Mos. or N/A Miles
 1N Company N/A
 Term N/A Mos. or N/A Miles
 1O Company N/A
 Term N/A Mos. or N/A Miles
 1P Company N/A
 Term N/A Mos. or N/A Miles
 Buyer Signs X _____

SELLER ASSISTED LOAN
 BUYER MAY BE REQUIRED TO PLEDGE SECURITY FOR THE LOAN, AND WILL BE OBLIGATED FOR THE INSTALLMENT PAYMENTS ON BOTH THIS RETAIL INSTALLMENT SALE CONTRACT AND THE LOAN.
 Proceeds of Loan From: N/A
 Amount \$ N/A Finance Charge \$ N/A
 Total \$ N/A Payable in N/A
 installments of \$ N/A \$ N/A
 from this Loan is shown in item 6D.

AUTO BROKER FEE DISCLOSURE
 If this contract reflects the retail sale of a new motor vehicle, the sale is not subject to a fee received by an autobroker from us unless the following box is checked:
 Name of autobroker receiving fee, if applicable:
N/A

HOW THIS CONTRACT CAN BE CHANGED. This contract contains the entire agreement between you and us relating to this contract. Any change to the contract must be in writing and both you and we must sign it. No oral changes are binding.
 Buyer Signs X _____
 Co-Buyer Signs X _____

SELLER'S RIGHT TO CANCEL If Buyer and Co-Buyer sign here, the provisions of the Seller's Right to Cancel section on the back giving the Seller the right to cancel if Seller is unable to assign this contract to a financial institution will apply.
 X _____
 Buyer Co-Buyer

Agreement to Arbitrate: By signing below, you agree that, pursuant to the Arbitration Provision on the reverse side of this contract, you or we may elect to resolve any dispute by neutral, binding arbitration and not by a court action. See the Arbitration Provision for additional information concerning the agreement to arbitrate.
 Buyer Signs X _____ Co-Buyer Signs X _____

OPTION: You pay no finance charge if the Amount Financed, item 7, is paid in full on or before N/A, Year N/A. SELLER'S INITIALS _____

THE MINIMUM PUBLIC LIABILITY INSURANCE LIMITS PROVIDED IN LAW MUST BE MET BY EVERY PERSON WHO PURCHASES A VEHICLE. IF YOU ARE UNSURE WHETHER OR NOT YOUR CURRENT INSURANCE POLICY WILL COVER YOUR NEWLY ACQUIRED VEHICLE IN THE EVENT OF AN ACCIDENT, YOU SHOULD CONTACT YOUR INSURANCE AGENT.
WARNING:
 YOUR PRESENT POLICY MAY NOT COVER COLLISION DAMAGE OR MAY NOT PROVIDE FOR FULL REPLACEMENT COSTS FOR THE VEHICLE BEING PURCHASED. IF YOU DO NOT HAVE FULL COVERAGE, SUPPLEMENTAL COVERAGE FOR COLLISION DAMAGE MAY BE AVAILABLE TO YOU THROUGH YOUR INSURANCE AGENT OR THROUGH THE SELLING DEALER. HOWEVER, UNLESS OTHERWISE SPECIFIED, THE COVERAGE YOU OBTAIN THROUGH THE DEALER PROTECTS ONLY THE DEALER, USUALLY UP TO THE AMOUNT OF THE UNPAID BALANCE REMAINING AFTER THE VEHICLE HAS BEEN REPOSSESSED AND SOLD.

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:	
11/12/13	

To: **Board of Supervisors**

Date: November 6, 2013

From: Mark J. Bonini
(Department Head - please type)

Misc.

Phone Ext. 229

Department Head Signature

Agenda Title: Approval to recruit, internally, for the position of Finance and Administration Supervisor for the Probation Dept.

Summary: (Provide detailed summary of the purpose of this item; attach additional page if necessary)
Approval to immediately start the hiring process to replace the current Finance and Administration Supervisor position.

Recommendation/Requested Action:
Board approval to start the recruitment process to hire a Finance and Administration Supervisor.

Fiscal Impacts (attach budget transfer form if appropriate) _____ Staffing Impacts To replace the current Finance and Admin Sup.

None

Is a 4/5ths vote required? Yes No

Committee Review? N/A

Name Administrative Committee

Committee Recommendation:
approved to start recruitment process

Contract Attached: Yes No N/A

Resolution Attached: Yes No N/A

Ordinance Attached: Yes No N/A

Comments: _____

Request Reviewed by:

Chairman Counsel GG

Auditor GSA Director HP

CAO Risk Management _____

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

FOR CLERK USE ONLY

Meeting Date November 12, 2013 Time 9 a.m. Item # 7B

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

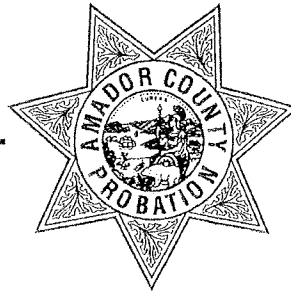
Ayes: _____ Resolution _____ Ordinance _____ Other: _____

Noes _____ Resolution _____ Ordinance _____

Absent: _____ Comments: _____

Distributed on _____ Completed by _____	A new ATF is required from _____ Department _____ For meeting _____ of _____	I hereby certify this is a true and correct copy of action(s) taken and entered into the official records of the Amador County Board of Supervisors. ATTEST: _____ Clerk or Deputy Board Clerk
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MARK J. BONINI
Chief Probation Officer



DEBBIE SEGALE
Deputy Chief Probation Officer

Memo

To: Honorable Board Of Supervisors
Administrative Committee

From: Mark J. Bonini, Chief Probation Officer *(MJB)*

Date: October 29, 2013

Re: Finance and Administrative Supervisor

This memo is to request the Probation Department be allowed to recruit, internally, for the position of Finance and Administration Supervisor.

The Probation Department's current Finance and Administrative Supervisor, Michele Carney, has given notice of her retirement effective February 1, 2014. This request is to fill the vacancy that will be left by Michele Carney's retirement.

If you have any questions, please do not hesitate to contact me.