

AGENDA WORKSHEET

Submit completed worksheet to:
Siskiyou County Clerk, 510 N Main St, Yreka, CA

Regular Time Requested: N/A Meeting Date: 04/07/2020

OR

Consent

Contact Person/Department: Sarah Collard, Ph.D. / Health & Human Services Agency - Public Health Division Phone: 841-2761

Address: 810 S Main Street, Yreka, CA 96097

Person Appearing/Title: Shelly Davis/ Public Health Director and Sarah Collard, Ph.D. / Director of Health & Human Services Agency

Subject/Summary of Issue:

State of California - Health and Human Services Agency - California Department of Public Health (CDPH) - COVID-19 Crisis Response Funding

Siskiyou County Health and Human Services Agency ("HHS") Public Health Division is requesting approval to accept the allocation for COVID-19 Crisis Reponse Funding. Under this program, HHS will be responsible for utilizing this funding for allowable activities set by CDPH.

Total allocation for the funding is \$180,267 with spending authority through March 15,2021.

Financial Impact:

NO Describe why no financial impact:

YES Describe impact by indicating amount budgeted and funding source below

Amount: 180,267
Fund: 2109 Description: Public Health Org.: 401075 Description: _____
Account: 542700 Description: State Other
Activity Code: TBD Description: _____

Local Preference: YES NO

For Contracts – Explain how vendor was selected:

Additional Information:

Activity Code Description: COVID-19-47 Crisis Response Funding

Recommended Motion:

The Board of Supervisors approve the acceptance of COVID-19 Crisis Response Funding and authorize the Chair to sign the Resolution Authorizing the Acceptance of the Allocation Award Under the Award Number: COVID-19-47 for County of Siskiyou, authorize the County Administrator to act on behalf of County and execute any and all program award documents as outlined in Section 2 of the Resolution, and authorize the Auditor to establish budget appropriations and set expenditures per the grant

Reviewed as recommended by policy:

County Counsel	_____
Auditor	_____
Personnel	_____
CAO	_____

Special Requests:

Certified Minute Order(s) Yes Quantity: 1

Other: _____

NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.

Revised 1/15/15