***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **X** |  | **Time Requested:** | **5-10 min** | **Meeting Date:** |  |
| ***OR*** |
| **Consent** |  |  |
| **Contact Person/Department:** | **Board of Supervisors** | **Phone:** | **530-842-8084** |
| **Address:** | **510 North Main Street Yreka CA 96097 (County Clerk)** |
| **Person Appearing/Title:** |  |
| **Subject/Summary of Issue:** |
| Review status of Proclamation by the County Health Officer in relation to various health hazards resulting from the River Complex Fire, dated November 3, 2021; action to extend or terminate. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |  |
|       |
| **Recommended Motion:** |
| Action as the Board of Supervisors deems appropriate. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***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 8/26/19