***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Room 201, Yreka, CA 96097*

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/15/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| California Department of Public Health and County of Siskiyou Health and Human Services Agency Public Health Division Grant Agreement Amendment number 17-10353, A03 for FY 2019-22 regarding the California Immunizaation Program to increase funding in the amount of $1,330,180.00 for FY 2021-2022 to augment and enhance efforts around influenza vaccination coverage as well as perform Coronavirus Disease 2019 (COVID-19) vaccination planning and immplementation.. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 1,330,180 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 540550 |  | Description: | Health Admin |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | Budget transfer will be submitted to increase revenue and expenses in the amount of |
|  $1,330,180.00 for FY 2021/2022. |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors authorize acceptance of the California Department of Public Health and County of Siskiyou Health and Human Services Agency Public Health Division Grant Agreement number 17-10353, A03 for FY 2021-22 and authorize the Chair to sign and authorize the Auditor to establish budget appropriation. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | 3 signature pages |
| 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 1/15/15