***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | **5 minutes** | | | | | | **Meeting Date:** | | | | | **March 15, 2022** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | **Rick Dean, Community Development** | | | | | | | | | | **Phone:** | | | | **530-841-2113** | | |
| **Address:** | | | | | **806 S. Main Street, Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Shannon Vanella, EH Waste Mgmt. Unit Manager and Rick Dean, CDD Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Environmental Health respectfully request from the Board, permission to apply for the CUPA Environmental Protection Trust Fund (EPTF) grant(s). Environmental Health is responsible for regulating, inspecting and enforcement of facilities that store hazardous materials greater than reportable quantities.  The purpose of the CUPA EPTF grant(s) would be to purchase for the Environmental Health Department a five (5) gas meter with PID to detect gases for emergency response and spill cleanup; purchase two new vehicles as Environmental Health’s current fleet is aged with high mileage and poor fuel economy; and purchase updated electronic devices to replace current damaged and aging Surface pads used for inspections. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $91,452.24 | | | | |  |  | |  | | |  | | | | | | | | | | | | |
| Fund: | | | | | | 2114 | | | | |  | Description: | | Environmental Health | | | Org.: | | | 40104 | | | Description: | | | |  | | |
| Account: | | | | | | 540800 | | | | |  | Description: | | State - Other | | |  | | | | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | |  | | |  | | | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | |  |  | | --- | --- | | 1. $6,642.00 – 5 Gas Meter w/PID (2) $14,052.24 – Electronic Devices &   $14,052.24  $70,758.00 |  | | | | | | | | | | | | | | | | | | | | |
| 1. $70,758.00 – Vehicle Grant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommend the Board of Supervisors approve Resolution for Environmental Health to apply for the 2022 CUPA Forum Trust Grant(s) and authorize the Community Development Director to sign the Application Certification and associated paperwork required to implement the grant and authorize the Chair of the Board to sign the resolution, and authorized the Auditor to establish the budget. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021