***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** |  | **Meeting Date:** | **05/17/2022** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Melissa Cummins/CAO** | **Phone:** | **842-8005** |
| **Address:** | **1312 Fairlane Road, Suite 1, Yreka** |
| **Person Appearing/Title:** | **Melissa Cummins/Deputy CAO** |
| **Subject/Summary of Issue:** |
| Presentation to Board of Supervisors for informational purposes only, the side letter by and between the County of Siskiyou and the Sheriffs Management Unit (SMU) regarding the ability of SMU members to incur overtime if said time is during a formally declared Local incident by appropriate authorities as well as mutual aid, grant supported efforts and contracted services that include overtime as an allowable, reimbursable cost. Side letters are not typically brought before the Board, however, due to the potential upfront costs, this informational item is to highlight that the costs will be reimbursed when allowable.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Dept will incur overtime cost and will be reimbursed for same as allowable |
| **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:** |
| It is recommended that the Board receive the presentation regarding the side letter by and between the County of Siskiyou and the Sheriffs Management Unit (SMU) regarding the ability of SMU members to incur overtime if said time is during a formally declared Local incident by appropriate authorities as well as mutual aid, grant supported efforts and contracted services that include overtime as an allowable, reimbursable cost. |
| **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 1/15/15