***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **6/14/2022** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State of California – Health and Human Services Agency – California Department of Public Health (CDPH) – Public Health Emergency Preparedness Funding Request for Application (RFA).  The Siskiyou County Health and Human Services Agency/Public Health Division is requesting approval to apply for the new Public Health Emergency Preparedness five (5) year (FY 22-23, FY 23/24, FY 24/25, FY 25/26, and FY 26/27) funding. This is a continuing annual allocation for the Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), and Pandemic Influenza grants in the estimated amount of $1,610,350 (PHEP $132,342 per year, HPP $128,268 per year (estimated), and Pan Flu $61,460 per year).Collectively, this funding is intended to enhance day-to-day response plans and prepare for public health and/or medical emergencies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $1,610,350 (estimated) | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2109, 2115, 2116 | | | |  | Description: | | | Public Health | | | Org.: | | | 401075, 401012, 401070 | | Description: | | | | PHEP, HPP, Pan Flu | |
| Account: | | | | | | | 542700  540800 | | | |  | Description: | | | Federal  State | | |  | | | | | | | | | | |
| Activity Code: | | | | | | | TBD | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | CFDA Number: HPP 93.889 and PHEP 93.069 | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “Request The Board of Supervisors approve the acceptance of Public Health Emergency Preparedness Funding and authorize the Chair to sign the Resolution authorizing the acceptance of the continuing five (5) year Allocation Award for County of Siskiyou, authorize the County Administrator to act on behalf of the County and execute any and all program award documents as outlined in Section 2 of the Resolution, and authorize the Auditor to establish the budget appropriations and set expenditures per the grant guidelines.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 2 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Please return 3 signature pages to Angela Zambrano-Ford | | | | | | | | | |
| 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 8/09/2021