***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **6/21/22** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Courtney Greenley/Sheriff** | **Phone:** | **530-842-8326** |
| **Address:** | **305 Butte Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Jeremiah LaRue/Sheriff-Coroner** |
| **Subject/Summary of Issue:** |
| The Sheriff's Office would like to accept a vehicle donation from the Search & Rescue Non-Profit Organization. It is the intent of the Non-Profit to continue to furnish the vehicle with the necessary equipment for the Sheriff's office Search and Rescue Team to use. This may include additional capital assets (ie. a radio).Once the transfer is complete, the Sheriff's Office resumes responsibility of costs associated to registration, registration taxes (if applicable), insurance and maintenance costs to 1002-202010. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 62,009 |  |  |  |  |
| Fund:  | 1002 |  | Description: | GEN FUND | Org.: | 202010 | Description: | SHERIFF |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | c |
| . |
| **Recommended Motion:** |
| Accept this donation on behalf of the Sheriff for use specified by the Search & Rescue Non-Profit. Allow the Auditor to add this to AutoServe within 1002-202010 and our departments inventory.  |
| **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