***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | 8/9/2022 | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Shelly Davis / Public Health** | | | | | | | | | | | **Phone:** | | **841-2140** | | |
| **Address:** | | | | | **810 S Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Shelly Davis, Public Health Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siskiyou County Health and Human Services Agency - Public Health Division is respectfully requesting permission to approve the First Addendum to the California Harm Reduction Initiative (CHRI) with the National Harm Reduction Coalition to amend the name to National Harm Reduction Coalition, remove vehicle leasing as an unallowable cost, and re-distribute Siskiyou County’s award over the three years (FY 21-23).  The total amount of the grant will remain at Three Hundred Seven Thousand Seven Hundred Dollars ( $307,700.00) covering periods August 1, 2020 through June 30, 2023 and re-allocated as follows: $101,390.28 (August 1, 2020-June 30, 2021); $103,155.36 (July 1, 2021-June 30, 2022) and $103,154.36 (July 1, 2022-June 30, 2023). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $307,700.00 | | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | 2121 | | | | |  | Description: | | | Public Health | | | Org.: | | | 401015 | | Description: | | | | Personal Health | |
| Account: | | | | | | 560300 | | | | |  | Description: | | | Contributions from Others | | |  | | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the First Addendum to the California Harm Reduction Initiative (CHRI) to Expand Harm Reduction and Support and Services Grant between Siskiyou County Health and Human Services Agency – Public Health Division and the National Harm Reduction Coalition and authorize the Auditor to establish budget appropriations.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |
| *Certified Minute Order(s)* | | | | | yes | | | *Quantity:* | | | 1 |
| Auditor | | | | | | |  | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | | |  | | | | | | | | | *Other:* | | 1 original document for CHRI, 2 original documents for Siskiyou County | | | | | | | | | |
| 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