***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **5 minutes** | | | | | | **Meeting Date:** | | | | | **September 20, 2022** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Coleen Chiles, District Attorney Victim Serv.** | | | | | | | | | | | **Phone:** | | | **530 842-8228** | |
| **Address:** | | | | | **P. O. Box 986 / 311 4th Street, Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **J. Kirk Andrus, District Attorney** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) Acceptance of the County Victim Services (XC) Program grant from January 1, 2023 to December 31, 2023.  2) Accept and sign the Resolution for the County Victim Services (XC) Program grant.  3) Approve and authorize the District Attorney's Office to apply for, accept and manage the County Victim Services (XC) Program grant funded through Cal OES. This grant is to provide direct victim services to child victims of crime in Siskiyou County with unmet needs and gaps in services within the juvenile court & criminal court systems. Funding comes from 2020 & 2021 VOCA (Victims of Crime Act) federal funding. The grant allocation is $136,826, with a match of $0, for a total allocation of $136,826. $32,333 will be utilized by the DA Victim Services, $104,493 will be utilized by Youth Empowerment Siskiyou. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 136,826 | | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | 1025 | | | | |  | Description: | | | County VS grant | | | Org.: | | | 201160 | | Description: | | | | District Attorney | |
| Account: | | | | | | 5427/5408 | | | | |  | Description: | | | Fed Other/State | | |  | | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorize the District Attorney's Office to apply for, accept and manage the County Victim Services (XC) Program grant in the amount of $136,826 from 1/1/23 to 12/31/23.  The Board of Supervisors to adopt and sign the attached Resolution.  Authorize Diane Olson, Auditor Controller to establish appropriations for County Vic. Ser. grant | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | x | | | | *Quantity:* | | 2 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | Please forward Certified Minute Orders to Coleen | | | | | | | | | |
| CAO | | | | | | |  | | | | | | | | |  | Chiles. | | | | | | | | | | | |

***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 8/26/19