***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **11/1/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Bryan Schenone - OES** | **Phone:** | **841-2155** |
| **Address:** | **1312 Fairlane Rd, Yreka CA 96097** |
| **Person Appearing/Title:** | **Bryan Schenone - Director of OES** |
| **Subject/Summary of Issue:** |
| Governing body resolution authorizing the County Administrator, Deputy County Administrator, Director of Emergency Services, or the Auditor-Controller to take any action necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and sub-awarded through the State of California. This resolution will allow the County to apply for funds to assist with the costs associated with State and Federally declared disasters. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **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:** |
| Approve resolution authorizing the County Administrator, Deputy County Administrator, Director of Emergency Services, or the Auditor-Controller to take any action necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subawareded through the State of California.  |
| **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