***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **March 21, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. HHSA** | **Phone:** | **(530) 841-4802** |
| **Address:** | **818 S. Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. HHSA Agency Director** |
| **Subject/Summary of Issue:** |
| Resolution authorizing the Health and Human Services Agency, Social Services Division, to apply for and accept the California Department of Aging Access To Technology Grant.Funds shall be used to help provide access to techology to older adults (age 60 and older) and adults with disabilities to: 1.Purchase technology which may include but is not limited to, laptops, tablets and smartphones; 2. Assist this population with obtaintaining reliable access to internet service; 3. Develop or arrange education and training of older adults and adults with disabilities on the use of technology; and 4. Provide outreach about the program. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 204,874. |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the Grant Agreement and Resolution to authorize the Siskiyou County Health and Human Services Agency, Social Services Division, to accept the Access to Technology Grant from the California Department of Aging. |
| **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