***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **9:00 AM** | **Meeting Date:** | **March 21, 2023** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Allison Scull** | **Phone:** | **530-918-7222** |
| **Address:** | **P.O. Box 845, Mt. Shasta, CA 96067** |
| **Person Appearing/Title:** | **Karen Pautz 530-261-1297** |
| **Subject/Summary of Issue:** |
| We would like the Board of Supervisors to adopt the Siskiyou Child Abuse Prevention Council Collaborative Proclamation endorsing April 2023 as Child Abuse Prevention and Sexual Assault Awareness Month–as well as April 15-21 , 2023 as Week of the Young Child.  Collectively created by the Siskiyou Child Abuse Prevention Council, First 5 Siskiyou Children and Families Commission, and Siskiyou Domestic Violence and Crisis Center, this proclamation publicly calls upon all citizens, community agencies, faith groups, medical facilities, elected leaders and businesses to increase their participation in efforts to support families, thereby preventing child abuse and strengthening families in the communities in which we all live.       |
| **Financial Impact:** |
| **NO** | [x]  | *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:** |
| To adopt The April 2023 Siskiyou Child Abuse Prevention Council Collaborative Proclamation by publicly reciting it and having each Supervisor sign it.  |
| **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 weekprior to the Board Meeting.***Revised 8/09/2021