***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **4/18/2023** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | | | | | | | | | | | **Phone:** | | **841-2140** | | |
| **Address:** | | | | | **810 S Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Shelly Davis / Director of Public Health Division** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting consideration for the Governing Board Resolution to accept the Allocation Agreement from the State of California – Health and Human Services Agency - California Department of Public Health (CDPH) Office of Policy and Planning, for the California Strengthening Public Health Initiative (CASPHI).  The Siskiyou County Health & Human Services Agency/Public Health Division is requesting approval for the California Strengthening Public Health Initiative (CASPHI). This allocation is for the Local Health Jurisdictions (LHJ) to support the development of public health staffing and infrastructure in the areas of health equity, workforce development, and data modernization. The department’s total allocation is $609,957.00, with spending authority through November 30, 2027. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $609,957 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2121 | | | |  | Description: | | | Public Health | | | Org.: | | | 401015 | | Description: | | | | Personal Health | |
| Account: | | | | | | | 542700 | | | |  | Description: | | | Health Admin | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | CFDA Number: 93.967 | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommend that the Board of Supervisors approve and authorize the Chair to sign the Governing Board Resolution with the State of California – Health and Human Services Agency – California Department of Public Health (CDPH), for the California Strengthening Public Health Initiative (CASPHI) funding, authorize the County Administrator to act on behalf of the County to execute any and all program award documents as outlined in Section 2 of the Resolution and authorize the Auditor to establish budget appropriation and set expenditures per the agreement amendment guidelines, for the allocation of $609,957.00, with spending authority through November 30, 2027.. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 1 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Please return 2 original Resolution documents to Public | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | | Health, Attn: Angela Zambrano-Ford | | | | | | | | | | | |

***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 8/09/2021