***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:** | | | | **7-11-2023** | | | | |
| ***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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| California Immunization Program FY 2022-2027 Grant Agreement #22-11084.  Siskiyou County Health & Human Services Agency-Public Health Division, is requesting approval to accept the grant award from the California Department of Public Health (CDPH) Immunization Program, and approve the agreement with CDPH for the period of July 1, 2022 to June 30, 2027. The Supplemental COVID-19 funding for FY 2022-2023 has been extended by CDPH to June 30, 2025.  This award is for the Local Health Departments (LHD) to fund activities and services including the promotion of toddler and adolescent immunizations, health education, and immunization registry. The County has received the Immunization Program grant award from CDPH for over 30 years. The department’s total allocation is $1,350,639.58, $49,072.00 annually for IMM, with spending authority through June 30, 2027 and $1,105,279.58 with spending authority through June 30, 2025. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $1,350,639.58 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2121 | | | |  | Description: | | | Public Health | | | Org.: | | | 401015 | | Description: | | | | Personal Health | |
| Account: | | | | | | | 540550 | | | |  | Description: | | | Health Admin | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | (FY) Fiscal Years, FY 22-23 $1,154,351.58 (CDPH has extended this amount to June 30, 2025); | | | | | | | | | | | | | | | | | | | |
| FY 23-24 $49,072.00; FY 24-25 $49,072.00; FY 25-26 $49,072.00; and FY 26-27 $49,072.00, for a total amount not to exceed $1,350.639.58. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “Recommend the Board of Supervisors accept and approve the grant agreement with California Department of Public Health (CDPH), for the Immunization Program FY 2022-2026, for the term July 1, 2022-June 30, 2027, for a total amount not to exceed $1,350,639.58, authorize the Auditor to establish budget appropriations as outlined in the agreement, and authorize the Chair to sign Grant Agreement #22-11084, Exhibit F – Certification Regarding Lobbying, the Contractor Certification Clauses attachment, and the California Civil Rights Laws attachment.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 1 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Return 3 originals of Grant Agreement to Angela | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | | Zambrano-Ford at Public Health Division | | | | | | | | | | | |

***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