***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **7/11/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Lisa Flagg** | **Phone:** | **530-841-2150** |
| **Address:** | **806 S Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Rick Dean, Director of Community Development**  |
| **Subject/Summary of Issue:** |
| The State Food Safety Contract with the County of Siskiyou for a 3 year term through November 15th 2026.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* only revenue not expenditures  |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 0 |  |  |  |  |
| Fund:  | 2114 |  | Description: |       | Org.: | 401014 | Description: |       |
| Account: | 551780 |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Please approve the State Food Safety Contract for a term of 3 years . |
| **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