***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** |  |  | **Time Requested:** |  | **Meeting Date:** | **August 8, 2023** |
| ***OR*** |
| **Consent** | **X** |  |
| **Contact Person/Department:** | **Laura Bynum, County Clerk-ROV** | **Phone:** | **530-842-8084** |
| **Address:** | **311 Fourth Street, Room 201, Yreka, CA 96097** |
| **Person Appearing/Title:** |  |
| **Subject/Summary of Issue:** |
| Adopt Resolution approving all requests for services relating to the conduct of any city or district election, all requests for consolidated election and providing reimbursement to the County for election services rendered. Currently, prior to each election, each city or special district going to election must request the Board of Supervisors to approve the consolidation of their election with the County election. This Resolution, if adopted, would approve all future requests for consolidation rather than requiring an agenda item/approval for each request for consolidation.  |
| **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: |       |
| If Resolution is not adopted, there would be additional costs associated with ballot production and printing.       |
| **Recommended Motion:** |
| Adopt Resolution approving all requests for services relating to the conduct of any city or district election, all requests for consolidated election and providing reimbursement to the County for election services rendered.   |
| **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