***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 min** | **Meeting Date:** | **9/19/23** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dian Collier, Agriculture** | **Phone:** | **841-4111** |
| **Address:** | **525 S Foothill Dr, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Jim Smith, Agricultural Commissioner/Sealer** |
| **Subject/Summary of Issue:** |
| Requesting approval, acceptance, and ratification of the 2nd modification to the U.S. Fish and Wildlife grant award for the Wolf Conservation program. This award was given to support the work of Pat Griffin. This award adds an additional $20,000.This will bring the total grant award to $70,000.00. This is a reimbursement grant for services performed  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 70,000 |  |  |  |  |
| Fund:  | 1001 |  | Description: | General Fund | Org.: | 206010 | Description: | Agriculture |
| Account: | 542700 |  | Description: | Federal Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Recommend the Board of Supervisors approve, accept, and ratify the 2nd modification of the U.S. Fish and Wildlife grant award. Authorize the Agricultural Commissioner to apply and accept future modifications for the Wolf Composting and Liaison work of Pat Griffin that reimburse these activities.Authorize the Auditor to establish budget. |
| **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