***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **10-17-2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **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 Public Health Workforce Career Ladder Education and Development Program (PH-Career Ladder).”Siskiyou County Health & Human Services Agency, Public Health Division is requesting the Board of Supervisors approval of the Contractor Certification Clauses (CCC 04/2017) form for the Career Ladder Grant Agreement that was previously signed by the Board of Supervisors Chair on August 1, 2023. CDPH inadvertently forgot to include form CCC 04/2017, with the required grant documents.   |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | N/A |  |  |  |  |
| Fund:  |  |  | Description: |  | Org.: |  | Description: |  |
| Account: |  |  | Description: |  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors allow the Board Chair to sign the Contractors Certification Clauses (CCC 04/2017) form for the CDPH Career Ladder Grant Agreement #22-11325.”  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | This form will be submitted via DocuSign |
| 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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/09/2021