***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 Min** | **Meeting Date:** | **November 7, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Elizabeth Nielsen** | **Phone:** | **530-842-8012** |
| **Address:** | **1312 Fairlane Road, Suite 1** |
| **Person Appearing/Title:** | **Elizabeth Nielsen**  |
| **Subject/Summary of Issue:** |
| Catastrophic wildfire has become a significant issue throughout California and the Siskiyou County Board of Supervisors fully recognizes that conditions of extreme peril to the safety of persons and property have arisen within Siskiyou County, caused by the increasing risk of wildfire. To address this ongoing issue, Supervisor Haupt has requested, and the staff is providing for Board consideration a resolution that “The Siskiyou County Board of Supervisors demands and requires that when a wildfire starts within Siskiyou County, it be immediately addressed through full suppression efforts, by extinguishing the wildfire and preventing or modifying the movement of the fire.” |
| **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: |       |
|       |
| **Recommended Motion:** |
| If so desired, staff requests that the Board approve and authorize the Chair to sign the resolution demanding and requiring that all wildfires within Siskiyou County be managed through full suppression efforts.  |
| **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