***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 Min** | **Meeting Date:** | **11/14/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Joy Hall, General Services** | **Phone:** | **530-842-8220** |
| **Address:** | **190 Greenhorn Road, Yreka CA**  |
| **Person Appearing/Title:** | **Eugene Marantos, Grant Coordinator** |
| **Subject/Summary of Issue:** |
| CalRecycle GrantsEach year the Department of Resources Recycling and Recovery (CalRecycle) administers various grant programs to further efforts to reduce, recycle, and reuse. These grant funds can be used to supplement existing budgets for the General Services Department. General Services has applied and received grants for several years. These resolutions authorize the County Administrative Officer or the Director of General Services to submit applicaitions for grants in which the County of Siskiyou is eligible for the next five years. It also allows for them to sign the grant documents that are needed by CalRecycle. |
| **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:** |
| The Department respectfully requests that the Board of Supervisor's approve both Resolutions authorizing the County Administrator and Director of General Services to submit grant applications to CalRecycle, execute grant documents, and authorize the Board Chair to sign both Resolutions.  |
| **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