***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **7 Min.** | **Meeting Date:** | **November 7, 2023** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Anna Hendricks** | **Phone:** | **842-8003** |
| **Address:** | **1312 Fairlane Rd, Suite 1** |
| **Person Appearing/Title:** | **Damon Goodman, Mt. Shasta-Klamath Director of California Trout** |
| **Subject/Summary of Issue:** |
| Presentation by California Trout to provide an update regarding current activities in the Mt. Shasta and Klamath areas such as Project: Transforming the Beaver Valley Headwaters Preserve – a Holistic, Community Based Approach to Restoring a Klamath River Salmon Stronghold. This project is currently ready for construction once funding has been established. The team is applying for grant funding through NOAA Fisheries Transformational Habitat Restoration and Coastal Resilience Grant and respectfully requests a letter of support from the Board of Supervisors to assist in these efforts.  |
| **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:** |
| California Trout respectfully requests that the Board receives the presentation and approve of a letter in support of their efforts to obtain grant funding.  |
| **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