***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 min** | **Meeting Date:** | **2/20/24** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dian Collier** | **Phone:** | **841-4111** |
| **Address:** | **525 S. Foothill Dr, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Jim Smith/Agricultural Commissioner/Sealer** |
| **Subject/Summary of Issue:** |
| Request approval to apply for the California Department of Fish and Wildlife Wolf-Livestock Compensation Pilot Program, Deterrent Tools grant for equipment to aid ranchers with non lethal deterrent methods for wolf presence.Request approval to accept grant funds upon award in the amount of $52,424.Once California Department of Fish and Wildlife approves the grant application and awards the funds, the grant application becomes the agreement. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 52,424 |  |  |  |  |
| Fund:  | 1001 |  | Description: | General | Org.: | 206010 | Description: | Agriculture |
| Account: | 560300 |  | Description: | Contrilbutions  |  |
| Activity Code:  | 2220 |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Recommend the Board of Supervisors approve the application for the grant to the California Department of Fish and Wildlife. Request the Board of Supervisor to authorize the Agricultural Commissioner to sign the application and accept the funds once awarded. 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