***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | |  | **Time Requested:** | | | | | **9:00 AM** | | | | | | **Meeting Date:** | | | | **March 19, 2024** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | |  | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | **Allison Scull allison@first5siskiyou.org** | | | | | | | | | | **Phone:** | | | **530-918-7222** | |
| **Address:** | | | **P.O. Box 845, Mt. Shasta, CA 96067** | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | **Karen Pautz 530-261-1297** | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | |
| We at First 5 Siskiyou Children and Families Commission--together with Siskiyou Domestic Violence and Crisis Center--request that the Child Abuse Prevention Collaborative Proclamation be adopted by the Siskiyou County Board of Supervisors. This proclamation affirms April as Child Abuse Prevention and Sexual Assault Awareness Monthm and that Week of the Young Child be recognized between April 6th–12th, 2024 | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* We are just requesting a signature. | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | Please let us know what time would work best. | | | | | | | | | | | | | | | | | |
| 9am | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | |
| Signing to adopt the the Child Abuse Proclamation | | | | | | | | | | | | | | | | | | | | | | | |
| **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 weekprior to the Board Meeting.***Revised 8/09/2021