***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | |  | **Time Requested:** | | | | | **1 Min** | | | | | | **Meeting Date:** | | | | **April 2, 2024** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | |  | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | **Anna Hendricks** | | | | | | | | | | **Phone:** | | | **842-8003** | |
| **Address:** | | | **1312 Fairlane Road, Suite 1** | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | **Elizabeth Nielsen** | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | |
| Staff is presenting a resolution allowing for Cal-Cards to be used as a form of payment for pre-employment medical background screening. Each activity is to be pre-authorized in writing by the County Administrator or their designee. The County’s Procurement policy prohibits the use of Cal-Cards for services, however, in certain instances, it is beneficial to the County, and allowed through this resolution, for pre-employment background screenings to paid for using a County Cal-Card. | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *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 adopt the resolution allowing for Cal-Cards to be used as a form of payment for pre-employment medical background screening when authorized to do so by the County Administrator or their designee, and authorize the Chair to sign. | | | | | | | | | | | | | | | | | | | | | | | |
| **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