***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **4/16/2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency, Public Health Division is respectfully requesting approval for the Resolution to accept funding from The Center at Sierra Health Foundation (The Center), provided by the California Department of Public Health (CDPH) for the California Overdose Prevention and Harm Reduction Initiative (COPHRI). Siskiyou County will receive an award amount up to $630,000.00, for the period of March 1, 2024, through June 30, 2027. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $630,000 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 560300 |  | Description: | Contributions from Others |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Governing Board Resolution with The Center at Sierra Health Foundation (The Center), for the California Department of Public Health (CDPH) funding for the California Overdose Prevention and Harm Reduction Initiative (COPHRI), authorize the County Administrator to act on behalf of the County to execute any and all program award documents as outlined in Section 2 of the Resolution and authorize the Auditor to establish budget appropriation and set expenditures per the agreement guidelines, for the allocation up to $630,000.00, with spending authority through June 30, 2027.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Please return 2 signed Resolutions to Public Health |
| CAO |       |       Attn: Angela Zambrano-Ford |

***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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/09/2021