***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **10 minutes** | **Meeting Date:** | **05-21-24** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** |  | **Phone:** | **530-926-1400** |
| **Address:** | **109 E. Lake St. Mt. Shasta, CA 96067** |
| **Person Appearing/Title:** | **Steven Bryan, Tobacco Education Council Chair, and members** |
| **Subject/Summary of Issue:** |
| The Tobacco Education Council (TEC) Chair will present updates and brief history of the Tobacco Education Council. TEC members will share current tobacco and nicotine statistics among Siskiyou County Youth. TEC members will introduce Yreka Union School District pilot program for group intervention and prevention. |
| **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:** |
| It is respectfully requested that the Board receives the information presented as well as discuss and provide direction to staff regarding the Tobacco Education Council’s request to allocate funds to the Siskiyou Tobacco Education Council to support the annual TEC efforts and a pilot youth nicotine addiction prevention & intervention program with Yreka Union School District. |
| **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