

Agenda Worksheet

Submit completed worksheet to:
Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097

Regular Time Requested: 5 Minutes Meeting Date: 5/21/2024

OR

Consent

Contact Person/Department: GREG ROATH, COUNTY FIRE WARDEN Phone: 530-842-3516

Address: 1809 FAIRLANE ROAD, YREKA, CA 96097

Person Appearing/Title: GREG ROATH, COUNTY FIRE WARDEN

Subject/Summary of Issue:

Review and sign the Mutual Aid/Automatic Aid Agreement between CALFIRE and County of Siskiyou CSA-4 Mount Shasta Vista Fire ZIB. The current Agreements are expired.

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:

Approve the Mutual Aid/Automatic Aid Agreement between CALFIRE and Siskiyou CSA-4 Mount Shasta Vista. Authorize the Board Chair to execute the agreements.

Reviewed as recommended by policy:
County Counsel _____
Auditor _____
Personnel _____
CAO _____

Special Requests:
Certified Minute Order(s) _____ Quantity: _____
Other: _____

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.