***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **June 18, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Jennifer Taylor/Treasurer – Tax Collector** | **Phone:** | **(530) 842-8346** |
| **Address:** | **311 4th Street, Room 104, Yreka CA 96097** |
| **Person Appearing/Title:** | **Jennifer Taylor/Treasurer – Tax Collector** |
| **Subject/Summary of Issue:** |
| Approval of the Siskiyou County Treasurer's Investment PolicyThe only change from the last Board approved Investment Policy is the modification of the language requiring annual Board review and approval. Previously, per Section 15.2 of the Siskiyou County Treasurer's Investment Policy, the document states that the the Treasurer will present the policy to the Board of Supervisors for their review and approval annually. There is no legal requirement for annual Board review and approval, and with that in mind, I have changed Section 15.2 of the policy to require Board review and approval only when there are changes to the policy. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* There is no fiscal impact associated with the requested change to the policy. |
| **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 Siskiyou County Treasurer's Investment Policy as presented with the change to section 15.2 removing the requirement for annual Board of Supervisors review and approval . |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| 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