***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **10 Mins** | **Meeting Date:** | **6/18/2024** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Sherry Lawson - County Administration** | **Phone:** | **842-8005** |
| **Address:** | **1312 Fairlane Rd, Ste 1, Yreka CA 96097** |
| **Person Appearing/Title:** | **Angela Davis, CAO and Sherry Lawson, Deputy CAO - Chief Fiscal Officer** |
| **Subject/Summary of Issue:** |
| Public hearing to consider the adoption of the Fiscal Year 2024-2025 Recommended Budget as presented, of which includes but is not limited to; County Department Budgets, Committed Accounts, Capital Improvements, Fixed Assets, Contributions to Others, Statement of Salaries and adoption of a Resolution amending the Siskiyou County Salary Schedule and Position Allocation List. |
| **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:** |
| It is recommended that the following actions are taken by the Board of Supervisors as presented by the CAO: 1) Adopt the FY 2024-2025 Recommended County Budget as presented, 2) Adopt a Resolution amending the Siskiyou County Salary Schedule and Position Allocation List and; 3) Authorize the Auditor to establish budget upon approval by County Administration, to fund allocated vacant positions as requested by the respective department.   |
| **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