***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **July 2, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard Ph.D., HHSA** | **Phone:** | **841-2761** |
| **Address:** | **818 South Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard Ph.D., HHSA Agency Director** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency (SCHHSA) seeks approval to enter into a Memorandum of Understanding with the First 5 Siskiyou Children and Families Commission to distribute the funds and monitor activities of the Siskiyou County Child Abuse Prevention Council  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  | 772044 |  | Description: | Children's Trust Fund | Org.: |       | Description: |       |
| Account: | 212056 |  | Description: | Children's Trust Fund |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the chair sign the Memorandum of Understanding between the Siskiyou County Health and Human Services Agency and First 5 Siskiyou Children and Families Commission for the purpose of monitoring the Siskiyou County Child Abuse Prevention Council in accordance with Siskiyou County resolution 21-71.  |
| **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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19