***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** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **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** |  | | *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