***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **9/3/2024** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | | | | | | | | | | | **Phone:** | | **841-2140** | | |
| **Address:** | | | | | **810 S Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Shelly Davis / Director of Public Health Division** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting consideration for the Governing Board Resolution to accept the Allocation Agreement from the State of California – Health and Human Services Agency - California Department of Public Health Office of Aids (CDPH/OA), funding for the Project Empowerment Tier 2, 2024-2028, No. 24-10049.  The Siskiyou County Health & Human Services Agency/Public Health Division is requesting approval for the Project Empowerment Tier 2 Funding Award for2024-2028, No. 24-10049. This allocation is for the Local Health Jurisdictions (LHJ) to provide innovative, comprehensive HIV prevention and control activites to Black/African American and Latinx populations. The department’s total allocation is $600,000.00 ($150,000.00 annually), with spending authority through June 30, 2028. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $600,000 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2121 | | | |  | Description: | | | Public Health | | | Org.: | | | 401015 | | Description: | | | | Personal Health | |
| Account: | | | | | | | 540800 | | | |  | Description: | | | State Other | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | | FY 24/25 $150,000.00; FY 25/26 $150,000.00; FY 26/27 $150,000.00; FY 27/28 $150,000.00  For a total amount of $600,000.00 | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Governing Board Resolution with the State of California – Health and Human Services Agency – California Department of Public Health, Office of Aids (CDPH/OA), for the Project Empowerment Tier 2 Funding Award, to provide innovative and comprehensive HIV prevention and control activities, authorize the County Administrator to act on behalf of the County to execute any and all program award documents as outlined in Section 2 of the Resolution and authorize the Auditor to establish budget appropriation and set expenditures per the agreement amendment guidelines, for a total allocation of $600,000.00, with spending authority through June 30, 2028.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 1 |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | | Please return 1 original Resolution to Public Health | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | | Attn: Angela Zambrano-Ibbs | | | | | | | | | | | |

***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 8/09/2021