***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **1 Min.** | **Meeting Date:** | **December 3, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Matt Parker** | **Phone:** | **530-842-8019** |
| **Address:** | **Flood Control District/Natural Resources** |
| **Person Appearing/Title:** | **Matt Parker** |
| **Subject/Summary of Issue:** |
| Staff is requesting District ratification of a letter to the State Water Resources Control Board providing comments regarding the October 22, 2024 Notice for comment on potential extension of the current Emergency Regulation for the Scott and Shasta River Watersheds. This letter was needed prior to the date of this public Board meeting; therefore, it was signed by the Board Chair and is now being requested for ratification by the Board. |
| **Financial Impact:** |
| **NO** | [x]  | *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:** |
| Staff respectfully requests that the Board ratifies a letter to the State Water Resources Control Board providing comments regarding the October 22, 2024 Notice for comment on potential extension of the current Emergency Regulation for the Scott and Shasta River Watersheds. |
| **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