***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 min** | **Meeting Date:** | **12/10/24** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dian Collier/Agriculture** | **Phone:** | **841-4111** |
| **Address:** | **525 S. Foothill Dr, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Jim Smith, Agricultural Commissioner/Sealer** |
| **Subject/Summary of Issue:** |
| Requesting approval on Modification 1 to the noxious weed agreement between Siskiyou County Department of Agriculture and Shasta Valley Resource Conservation District - Azalea project - which extends the term from an end date of December 1, 24 to December 1, 2026. The modification also allows allocation of remaining funds for reimbursement of chemical purchased by Siskiyou County in additon to the reimbursement of time and other expenses in original agreement.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 68,000 |  |  |  |  |
| Fund:  | 1001 |  | Description: | General | Org.: | 206010 | Description: | AG |
| Account: | 550900 |  | Description: | AG Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Request Board of Supervisors approve Modification 1 to the agreement between Siskiyou County Department of Agriculture and Shasta Valley Resource Conservation District for the control of noxious weeds on the "Azalea Project". |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | X | *Quantity:* | 2 |
| 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