***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **15 Minutes** | **Meeting Date:** | **1/21/25** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Public Health Director** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Joel Newlyn, Health Educator, Public Health Division** |
| **Subject/Summary of Issue:** |
| Presentation from Siskiyou County Health and Human Services Agency – Public Health Division regarding the Siskiyou County CareBox. The CareBox is a health and wellness supplies vending machine. The CareBox is a safe and stigma-free option for Siskiyou County residents to access free health and harm-reduction products and education. |
| **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:* N/A |
|       |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
| N/A |
| **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 1/15/15