***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **3/4/2025** | | | | |
| ***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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siskiyou County Health and Human Services Agency – Public Health Division is respectfully requesting the permission to adopt the Governing Body Resolution Agreement Number CTCP-21-47 with the State of California, Department of Health and Human Services Agency, California Department of Public Health (CDPH) California Tobacco Control Program (CTCP). The two-year extension of Agreement Number CTCP-21-47, extends the term from June 30, 2025, to June 30, 2027, with an increased allocation of $600,000.00 for a total spending authority of $1,650,000.00, through June 30, 2027. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $1,650,000 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | See below | | | |  | Description: | | | See below | | | Org.: | | | See below | | Description: | | | | See below | |
| Account: | | | | | | | See below | | | |  | Description: | | | See below | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Fund Org Account Description  2108 401060 540750 Tobacco Prop 99 | | | | | | | | | | | | | | | | | | | |
| 2137 401060 540800 Tobacco Prop 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 (CDPH) California Tobacco Control Program (CTCP) to extend the term to FY 25/26 and FY 26/27, increase the allocation by $600,000.00 for Agreement Number CTCP-21-47, 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 $1,650,000.00, with spending authority through June 30, 2027.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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