***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | | |  | **Time Requested:** | | | | **N/A** | | | | | **Meeting Date:** | | | | **6/17/25** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | | | | | | | | | | **Phone:** | | **530-841-2140** | |
| **Address:** | | | | | **810 S Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Shelly Davis / Director of Public Health Division** | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | |
| County of Siskiyou, Public Health Division, is respectfully requesting approval for the California Department of Public Health (CDPH) Tuberculosis Control Branch Local Assistance Funds (TB) Resolution, #1 NU52PS910282-01-00, for the period of July 1, 2025, to June 30, 2026, with an amount of $2,552.00, for the Grant. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | $2,552.00 | | |  |  | |  | | |  | | | | | | | | |
| Fund: | | | | | | | 2121 | | |  | Description: | | Public Health | | | Org.: | | 401015 | | Description: | | | Public Health | |
| Account: | | | | | | | 540550 | | |  | Description: | | Other Health Pgm | | |  | | | | | | | | |
| Activity Code: | | | | | | |  | | |  | Description: | |  | | |  | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | FY 25/26 $2,552.00 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | |
| "Recommend that the Board of Supervisors approve the Resolution for contract between the California Department of Public Health, Tuberculosis Control Branch and Siskiyou County Health and Human Services Agency, Public Health Division and authorize the CAO to sign Standard Agreement Amendment (STD 213) and authorize the Auditor to establish budget appropriation." | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | |
| *Certified Minute Order(s)* | | | | Yes | | | *Quantity:* | | 1 |
| Auditor | | | | | |  | | | | | | | |
|  | | |  | | |
| Personnel | | | | | |  | | | | | | | | *Other:* | Return to Dawn Walton | | | | | | | | |
| 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.***