***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **10 Mins** | **Meeting Date:** | **6/17/2025** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Sherry Lawson - County Administration** | **Phone:** | **842-8005** |
| **Address:** | **1312 Fairlane Rd, Ste 1, Yreka CA 96097** |
| **Person Appearing/Title:** | **Angela Davis, CAO and Sherry Lawson, Deputy CAO - Chief Fiscal Officer** |
| **Subject/Summary of Issue:** |
| Public hearing to consider the adoption of the Fiscal Year 2025-2026 Recommended Budget as presented, of which includes but is not limited to; County Department Budgets, Committed Accounts, Capital Improvements, Fixed Assets, Contributions to Others, Statement of Salaries and adoption of a Resolution amending the Siskiyou County Salary Schedule and Position Allocation List. |
| **Financial Impact:** |
| **NO** | [ ]  | *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:** |
| It is recommended that the following actions are taken by the Board of Supervisors as presented by the CAO: 1) Adopt the FY 2025-2026 Recommended County Budget as presented, 2) Adopt a Resolution amending the Siskiyou County Salary Schedule and Position Allocation List, 3) Adopt the Statement of Salaries, 4) Authorize the Auditor to establish budget upon approval by County Administration, to fund allocated vacant positions as requested by the respective department, and: 5) Issue a countywide directive instructing departments to implement fee increases for services where justified by cost analysis. |
| **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