***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **8/5/2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director Public Health Division** | **Phone:** | **530-841-2140** |
| **Address:** |  **810 S. Main St. Yreka, CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis, Director Public Health Division** |
| **Subject/Summary of Issue:** |
| The Siskiyou County Health & Human Services Agency, Public Health Division is respectfully requesting approval to accept the TB Elimination Alliance (“TEA”) mini-grant of up to $10,000.00. The funds will be used to enhance community engagement and education, provider education, and quality improvement, with a focus on communities at increased risk for TB and supporting activities at the local level to advance TB prevention and elimination goals. The allocation is up to $10,000 for the grant period of September 1, 2025 through April 30, 2026.   |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $10,000.00 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 542200 |  | Description: | Federal Other |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*  |
|  |
| Additional Information: | Total competitive grant is $10,000.  |
|  |
| **Recommended Motion:** |
| "Recommend that the Board of Supervisors approve and authorize the Chair to sign the Resolution with the Tuberculosis Elimination Alliance (TEA) Grant between Centers for Disease Control and Prevention and the Siskiyou County Health and Human Services Agency, Public Health Division and authorize the County Administrator to act on behalf of the County to execute and deliver any and all program award documents as outlined in Section 2 of the Resolution, and authorize the Auditor to establish budget appropriation.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |
| *Certified Minute Order(s)* | x | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* |  Please return two (2) original resolutions to Dawn,  |
| CAO |       |       Public Health |

***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