***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **1 minute** | **Meeting Date:** | **September 2, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Joanne Johnson, County Administration** | **Phone:** | **530-842-8012** |
| **Address:** | **1312 Fairlane Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Joanne Johnson, Project Coordinator** |
| **Subject/Summary of Issue:** |
| Staff requests Board ratification of a letter to Nancy Ward, Director of the California Governor's Office of Emergency Services, in response to the denial of Siskiyou County’s State of Emergency request related to the widespread use of illegal pesticides associated with illicit cannabis operations.This letter was requested and needed prior to the date of this public board meeting, therfore, it was signed by the Board Chair and is now being requested for ratification by the Board.       |
| **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:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Staff respectfully requests that the Board ratify the letter to Director Nancy Ward in response to the denial of Siskiyou County’s State of Emergency request related to the widespread use of illegal pesticides associated with illicit cannabis operations. |
| **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