***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 Min** | **Meeting Date:** | **September 16, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Jessica Skillen** | **Phone:** | **530-842-8272** |
| **Address:** | **190 Greenhorn Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Jessica Skillen- Deputy Director** |
| **Subject/Summary of Issue:** |
| The Siskiyou County General Services Department respectfully requests the establishment of a depository bank account with Banner Bank, to be opened with an initial deposit of $100.00. This account will be used to process payments for the Oberlin and Black Butte Transfer Stations.General Services acknowledges its responsibility to maintain and reconcile the account on a monthly basis, in accordance with the Siskiyou County Cash Handling Policy. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:* There is no fiscal impact associated with the requested change to the policy. |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $100.00 |  |  |  |  |
| Fund:  | 5350 |  | Description: | General Fund | Org.: | 404010 | Description: |  |
| Account: | 723000 |  | Description: | Prof & Spec Serv |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*  |
|       |
| Additional Information: |  |
|       |
| **Recommended Motion:** |
| Authorize the County Treasurer to establish a Depository Account for General Services to deposit payments made at the Oberlin and Black Butte Transfer Stations, with an initial deposit of $100.00. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| 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