

**MODOC COUNTY BOARD OF SUPERVISORS
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: September 8, 2020
Name of Requesting Party or Entity: **Geri Byrne, Board of Supervisors**

Regular or Consent: **Regular**

Kind of Action Requested: **Discussion/Information**

Describe Specific Action Requested or Information to be Discussed:

Discussion regarding the CARES Act financial aid for local businesses.

Budget Affected: No

Clerk's Instructions:
Certified Copies Needed: None
Minutes Orders Needed: None

Date Submitted: 9/1/2020

Phone Number: (541) 891-7518

Email: GeriByrne@co.modoc.ca.us

Agenda Item Number: 15.b