

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

Date of Meeting for Which Item is Requested: 7/14/2020

Name of Requesting Party or Entity: VETERAN SERVICES

Regular

Kind of Action Requested:

Discussion/Information

Consideration/Action

Consent

Public Hearing

Closed Session

**Describe Specific Action Requested:**

*Sign annual Subvention Certificate of Compliance FY 20/21*

**Summary of why this Action is being Requested:**

*To allow subvention distribution from Cal Vet*

WILL THIS AFFECT YOUR BUDGET?	FUND AFFECTED & AMOUNT OF TRANSACTION:	REVIEWED/RECEIVED COPY:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fund: <input type="text"/> Org: <input type="text"/> Account: <input type="text"/> Amount: <input type="text"/>	<input type="checkbox"/> Auditor <input type="checkbox"/> County Counsel <input type="checkbox"/> Administration <input type="checkbox"/>

**Vendor Selection Process?**

ADDITIONAL INFORMATION:	CLERK'S INSTRUCTIONS
	<input checked="" type="checkbox"/> Copies Needed (Certified: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> How Many? <u>1</u> <input type="checkbox"/> Certified Minute Order Needed How Many? _____

Date Submitted 7/7/20

Signature *[Signature]*

Phone Number 233-6209

Email harryhitchings@co.modoc.ca.us

FOR CLERK'S USE ONLY:

Agenda Item Number \_\_\_\_\_