***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **None** | **Meeting Date:** | **January 18, 2021** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Michael Perry / Library** | **Phone:** | **530-842-8805** |
| **Address:** | **719 4th Street, Yreka, CA, 96097** |
| **Person Appearing/Title:** | **Michael Perry / County Librarian** |
| **Subject/Summary of Issue:** |
| State Library offers a grant program to allow the purchase physical library items through Amazon, based on patron-driven requests. Patrons can request a physical book, audiobook or large print through the program so long as (a) they are not in our library's collection and (b) do not exceed the cost-per-item limit of $50.00 Requested items are ordered and shipped directly to the patron's home and, when finished, the patron returns the item to their local branch and the item is considered for the collection.Program has been a success in previous years, identifying gaps in our collection (based on patron interests) and delivering the requested item quickly directly to them soon after the request is submitted. In previous years, over 90% of patron requests we added to our library's collection. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 26,000 |  |  |  |  |
| Fund:  | 1001 |  | Description: | General Fund | Org.: | 602010 | Description: | Library |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  | N/A |  | Description: | N/A |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | N/A |
|       |
| **Recommended Motion:** |
| 1) Approved the Zip Book grant application and award2) Authorize County Administrator to sign the claim form to receive the award funds  |
| **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