***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **03-15-2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Social Services Division** | **Phone:** | **841-2761** |
| **Address:** | **818 South Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| One-time, grant funding is available through the California interagency Council on Homelessness (Cal ICH), Homeless Housing, Assistance and Prevention, Round 3 Program (HHAP-3). The funding is intended for solutions to prevent, reduce, and end homelessness. Siskiyou County is eligible to apply for an allocation of $319,892.82. Per the recommendation of the granting agency, HHSA intends to submit a joint application with the NorCal Continuum of Care (CoC). The CoC will act as the Administrative Entity which will enter into contract with Cal ICH to administer the combined allocations. This resolution authorizes the CoC to apply on behalf of Siskiyou County and to act as the administrative entity for the grant.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Siskiyou County is redirecting the grant allocation to the CoC who will enter into contract with the state to adminster the funds. |
| **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 [x]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve the Resolution to allow the Norcal Continuum of Care to apply for HHAP-3 funds on behalf of Siskiyou County and to enter into a contract with the State of California to administer the 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