***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **4/5/22** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Kristen Lackey** | | | | | | | | | | **Phone:** | | | **841-2160** | |
| **Address:** | | | | | **806 S. Main Street, Yreka** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Rick Dean, Director** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consider (1)approval of a contract in the amount of $133,000 with Holy Smoke Incorporated to serve as the Contractor/Retailer of the Woodsmoke Reduction and Heating Replacement Program for the period April 5, 2022 through November 30, 2024, and (2) establishing budget in the amount of $17,000 to reimburse Planning with Activity Delivery funds to cover the cost of staff time to administer the program (595/795 transfer).  The Board of Supervisors (April 6, 2021, Resolution No. 21-43) and the State of California (Standard Agreement 20-CDBG-PI-12013) approved the program and use of $150,000 of Community Development Block Grant Program Income funds to replace old, inefficient, and highly polluting wood burning heating devices with new EPA certified heating devices. Holy Smoke Incorporated was the only proposal submitted in response to a Request for Proposals (RFP #CD 22-01) that was widely advertised. They are local, experienced, qualified and provided a reasonable cost estimate. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* Funding for this agreement was included in the 21/22 budget cycle and is funded with Community Development Block Grant Program Income. | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 133,000 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | 2750 | | | | |  | Description: | | | CDBG-PI | | | Org.: | | | 807010 | | Description: | | | CDBG -PI | |
| Account: | | | | | | 723523 | | | | |  | Description: | | | Prof. Services | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Experience, reputation, bid amount | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holy Smoke has the experience, qualifications and reputation to fulfill the contract and their cost estimate was reasonable. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Approve the agreement with Holy Smoke Incorporated.  2. Authorize the Board Chair to execute the agreement.  3. Authorize Auditor to establish budget appropriations. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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