***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **12/6/2022** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Kristen Lackey, CDD/Planning** | | | | | | | | | | **Phone:** | | | **530-841-2160** | |
| **Address:** | | | | | **806 South Main Street, Yreka, CA** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Kristen Lackey, CDD/Planning** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopt resolution approving an application for funding and the execution of a grant agreement and any amendments thereto in the amount of $853,340 of Community Development Block Grant Program Income for the Slater Fire Home Replacement Program. The new allocation amount contitutes an increase of $173,000 from the original allocation approved by the Board of Supervisors on June 1, 2021 (Resolution No. 21-75). The State requires that all on-hand and expected Program Income be encumbered by a Standard Agreement or the funds will be rescinded.The program provides new stick-build homes for low- or moderate-income homeowners that were under or uninsured when they lost their home during the Slater Fire in Happy Camp. The additional funds will allow the County to adequately cover subcontractor, material and administrative costs to rebuild 4-6 homes. As required by the State, staff held a public meeting on November 2, 2022 at 5 p.m. There were no attendees and no comments were received via phone, email or hard copy. The resolution is in the State required format. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* The funds remain in the same FUND/ORG but are allocated to an account number. | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Move $144,166 from Fund Balance 2750/807010/ ACCT 461000 to 2750/807010 ACCT | | | | | | | | | | | | | | | | | | |
| 723521. Move $28,834 from Fund Balance 2750/807010/ACCT 461000 to 2750/807010/ACCT 723530. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopt resolution approving an application for funding and the execution of a grant agreement and any amendments thereto in the amount of $853,340 of Community Development Block Grant Program Income for the Slater Fire Home Replacement Program. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | YES | | | *Quantity:* | | 1 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | For: Kristen Lackey, CDD/Planning | | | | | | | | |
| 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