***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **1/3/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **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:** |
| Approve a Subrecipient Agreement in the amount of $555,834 between Siskiyou County and Hope Crisis Response Network, a nonprofit 501(c)3, to rebuild 4-6 single family homes for the Community Development Block Grant Slater Fire Home Replacement Program for a term of 30 months; and Adopt a resolution to approve exceptions to the Community Development Block Grant (CDBG) Housing Rehabilitation Guidelines specific to the CDBG Slater Fire Home Replacement Program. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* Accounting was approved through Resolution 21-139 on 3/16/2021. |
| **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:* The Subrecipient is a nonprofit that is providing services free of charge. |
| Contract funds will be used to pay for subcontractors, building materials, fees, etc. |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| APPROVE Community Development Block Grant Subrecipient Agreement in the amount of $555,834 between Siskiyou County and Hope Crisis Response Network to rebuild 4-6 single family homes for the CDBG Slater Fire Home Replacement Program for a term of 30 months; and ADOPT a resolution approving exceptions to CDBG Housing Rehabilitation Guidelines specific to 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