***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **January 3, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Elizabeth Nielsen, Deputy County Administrator** | **Phone:** | **530-842-8012** |
| **Address:** | **1312 Fairlane Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Elizabeth Nielsen, Deputy County Administrator** |
| **Subject/Summary of Issue:** |
| Staff is recommending that the Board approve a Consent Form for a $500,000 Local Agency Technical Assistance Grant that the County was awarded by the California Public Utilities Commission. This grant will consist of developing a Fiber Network Design and will assist in developing a strategic fiber network within Siskiyou County. The Grant includes professional network design services consultation. The County will be assisted by the Rural County Representatives of California. Staff is also requesting that the Board authorize the County Administrator, or their designee, to approve and sign all other documents related to this grant.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:* *-* |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $500,000 |  |  |  |  |
| Fund:  |  |  | Description: |  | Org.: |  | Description: |  |
| Account: |  |  | Description: |  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: Budge | Budget will be established. |
|  |
| **Recommended Motion:** |
| Staff recommends the following: 1. Board approves the Consent Form and authorize the Chair to sign, 2. Board authorizes the County Administrator, or their designee, to approve and sign other documents related to this grant, and 3. Authorize the Auditor’s office to establish budget for the grant.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Please sign and return 3 originals to Angela Zambrano-Ford |
| CAO |       |       at Public Health  |

***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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/09/2021