***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **04/18/2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Kristen Lackey, CDD** | | | | | | | | | | **Phone:** | | | **530-841-2160** | |
| **Address:** | | | | | **806 S Main St., Yreka Ca 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Rick Dean Director of Community Development** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On 4/5/22, the Board approved a $177,000 agreement with Holy Smoke to provide Contractor/Retailer services to the CDBG Woodsmoke Reduction and Heating Replacement Program. On 12/6/22, the Board approved applying to the State to use an additional $254,669 in program income (Resolution 22-187), increasing total program budget to $404,669. The request was approved and a Standard Agreement Amendment was entered on 2/8/23. The new budget includes an additional $179,169 for Holy Smoke Incorporated to continue as the Contractor/Retailer of the program and $43,000 to cover County costs of administering the program (Activity Delivery).  The original program had a voucher not-to-exceed amount of $8,0000 per client. Due to varying complexities of new installations, increased material, labor, and overhead costs, the cost of replacement has exceeded the $8,000 voucher amount, which required our low/moderate income clients to cover the additional cost. In order to avoid charges to our clients, the voucher not-to-exceed amount will be increased to $10,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* This program uses Program Income that is already held in the Fund Balance. | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 312,169 | | | | |  |  | | |  | | |  | | | | | | | | | |
| 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:* This is a contract amendment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Contract Addendum to add $179,169 for a total NTE $312,169. Budget transfer included | | | | | | | | | | | | | | | | | | |
| as separate Board item. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Approve the first addendum to contract with Holy Smoke Incorporated for Contractor/Retailer services to increase the compensation $179,169 for a total not to exceed amount of $312,169  2. Authorize the Board Chair to execute the addendum.  3. Authorize the 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