***Agenda Worksheet***

***Submit completed worksheet to:***

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | **☐** | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **May 16th, 2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | | **☒** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Patricia Lord, Siskiyou County Arts Council** | | | | | | | | | | **Phone:** | | | **530-918-8380x102** | |
| **Address:** | | | | | **PO Box 1365, Mount Shasta, CA 96067** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Patricia Lord, Executive Director** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approve resolution renewing and therefore designating the Siskiyou County Arts Council as the County Arts Agency for Siskiyou July 1, 2023 - Sept. 30, 2024, to match the performance period for the coming SLP grant performance period.  Background: The Siskiyou County Arts Council currently serves as the County Arts Agency for Siskiyou and uses our resolution to apply and serve as the State-Local Arts Council to the California Arts Council. Grant requirements are that our resolution must either match the performance period of the grant or could be “evergreen” and not be time bound. The CAC has changed the permanence period every year for the past several grant application periods, sometimes aligning to the calendar year, sometimes for a period of two years, sometimes a July-June fiscal year, and now an Oct.-Sept. fiscal year. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** | ☐ | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** | ☒ | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | 0 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | |  | | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | |  | |
| Account: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES ☐ NO ☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| No specific amount of money is required from the County in order to pursue the State-Local Partnership with CAC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopt Resolution SCAC 2023-24. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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