# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **6/20/23** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Angie Stumbaugh, General Services/ Transportation** | | | | | | | | | | | **Phone:** | | **530-842-8297** | | |
| **Address:** | | | | | **190 Greenhorn Rd, Yreka** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Angie Stumbaugh, Transportation Managers** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siskiyou County Transit is a recipient of Federal revenues and is required to meet Federal regulatory requirements for the Title VI of the Civil Rights Act of 1964, established by 49 CFR part 21.7 that  “No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”  Every three years, on a date determined by Federal Transit Administration (FTA), each recipient is required to submit the following information to the FTA as part of their Title VI Program. Sub-recipients shall submit the information to their primary recipient, on a schedule to be determined by the primary recipient. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | N/A | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | N/A | | | |  | Description: | | | STAGE | | | Org.: | | | 303010 | | Description: | | | | N/A | |
| Account: | | | | | | | N/A | | | |  | Description: | | | N/A | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopt and approve the Resolution approving STAGE's Title VI Program for the three year term from 2023-2026 to establish the updated Program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15