***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **September 5, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Chris Forrester** | **Phone:** | **530-842-8005** |
| **Address:** | **CAO, 1312 Fairlane Rd, Suite 1, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sherry Lawson, Deputy County Administrator** |
| **Subject/Summary of Issue:** |
| Staff is requesting approval of the First Addendum to the Edgewood Hospitality Group, LLC dba Trailer Lane Campground monthly rental agreement. This addendum increases the monthly rental rate an amount not to exceed One Thousand One Hundred Fifty Dollars per month per recreational vehicle space for the months of August 2023 through October 2023. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | 2170 |  | Description: | Local Disaster  | Org.: | 207030 | Description: | Disaster Relief |
| Account: | 728000 |  | Description: | Spec Dept Exp |  |
| Activity Code:  | 2073 |  | Description: | Mill Fire |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Approve of the the First Addendum to the Edgewood Hospitality Group, LLC dba Trailer Lane Campground monthly rental agreement. This addendum increases the monthly rental rate an amount not to exceed One Thousand One Hundred Fifty Dollars per month per recreational vehicle space for the months of August 2023 through October 2023.  |
| **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