***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **09/05/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Health and Human Services Agency** | **Phone:** | **530-841-4802** |
| **Address:** | **2060 Campus Drive,Yreka, CA 96097** |
| **Person Appearing/Title:** | **Maddelyn Bryan, Project Coordinator** |
| **Subject/Summary of Issue:** |
| The Permanent Local Housing Allocation (PLHA) administered by the CA Department of Housing and Community Development (HCD) provides an annual allocation to local governments in California to address unmet housing needs. The program requires that applicants apply for a 5-year planning period. The current cycle includes the 2020-2024 NOFA period. Eight (8) local cities/town delegated their allocations to Siskiyou County for the current 5-year period. Siskiyou County submitted one 5-year plan for the County's allocations and one for the cities' allocations. As required by HCD, the Board of Supervisors already approved both 5-year plans through a public hearing process.The funds must be spent according to the approved 5-year plans. The County and cities' plans allocated certain PLHA funding years to a capitalized reserve account for supportive services for Permanent Supportive Housing projects. These (2) resolutions would allow the County to request the supportive service reserve funding from HCD as the allocations become available.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* This grant was already approved by the BOS. These resolutions are backup documentation to be submitted to HCD with the Request for Funds form. |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |   |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve, and authorize the Chair to execute, the (2) Resolutions. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | Yes | *Quantity:* | 2 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Return to Maddelyn Bryan at 818 South Main St. |
| 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