***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **5 Mins** | | | | | | **Meeting Date:** | | | | **12/12/2023** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sherry Lawson - County Administration** | | | | | | | | | | **Phone:** | | | **842-8005** | |
| **Address:** | | | | | **1312 Fairlane Rd, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sherry Lawson - Deputy CAO** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The City of Mount Shasta, in partnership with the County of Siskiyou, is proposing the formation of an EIFD. This joint partnership aims to secure financing for infrastructure projects that will promote development and enhance the well-being of the community in Mount Shasta.  On August 8, 2023, the Siskiyou County Board of Supervisors voted 4-1 in favor of collaborating with the City of Mount Shasta to create an EIFD in the vicinity of Mount Shasta. The next step in the process involves the County adopting a Resolution of Intent (ROI) to outline its participation in the Mount Shasta City Enhanced Infrastructure Financing District and Public Finance Authority Board.  The original Resolution of Intent was brought before the Board for approval on November 7, 2023. However, concerns were raised during the meeting regarding omitted parcels, representation on the Public Finance Authority Board, and the impact to General Fund. The matter was deferred, with staff instructed to provide the requested information at a future meeting. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff is seeking direction from the County Board of Supervisors to either: 1 ) **Adoption of Original Resolution:** Move forward with the adoption of the Resolution of Intent, included in the Board packet, without modifications to the EIFD Boundary Map, OR 2) **Amendment of EIFD Boundary Map:** Amend the EIFD Boundary Map to include parcel APN’s 057-231-120-000, 057-231-190-000, 057-091-070-000, and 057-231-180-000, OR 3) **Denial of Resolution of Intent:** Opt not to proceed with the Resolution of Intent and withdraw from participation in the Mt. Shasta Enhanced Financing District. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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