***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Regular | Time Requested: | | |  | Meeting Date: | | 1/2/2024 | |
| *OR*  Consent | | | | | | | | |
| Contact Person/Department: | | | **Danielle Campbell** | | | **Phone:** | | **X8223** |
| Address: | **190 Greenhorn Rd, Yreka CA 96097** | | | | | | |  |
| Person Appearing/Title: | | **Angie Stumbaugh** | | | | | |  |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | |
| The Siskiyou County General Services Department is requesting approval of a First Addendum to an Airport Ground Lease between the County of Siskiyou and Charles Jopson for Hanger 3 located at the Scott Valley Airport. The proposed First Addendum will replace the existing Exhibit C to the lease. | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | |
| **NO** | *Describe why no financial impact:* | | |  | | | | | | | | | | | |
| **YES** | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | |
| Amount: | TBD | |  | | | | | | | | | | | | |
| Fund: | 5230 | | Description: | Airports | | | Org: | | 303040 | | Description: | | | Scott Valley | |
| Account: | 531100 | | Description: | Rents/Leases | | | |  | | | | | | | |
| Activity Code: |  | | Description: |  | | |  | | | | | | | | |
| Local Preference: | | | YES | NO | | |  | |  | | |  | | |  |
| For Contracts – Explain how vendor was selected: | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | |
| Authorize the Chair to execute the First Addendum to the Airport Ground Lease between the County of Siskiyou and Charles Jopson to replace Exhibit C to the lease. | | | | | | | | | | | | | | | |
| **Reveiwed as recommended by policy:** | | | |  | **Special Requests:** | | | | | | | | | | |
| County Counsel | |  | |  |  | | | | | | | | | | |
| Auditor | |  | |  | *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | |  |
| 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 am on the Monday the week prior to the Board Meeting*** | | | | | | | | | | | | | | | |