# **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:** | | | | **January 16, 2023** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Angie Stumbaugh - General Services (STAGE)** | | | | | | | | | | | **Phone:** | | **530-842-8297** | | |
| **Address:** | | | | | **190 Greenhorn Rd., Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Steve Serdahl, Deputy Director of General Services** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On April 28, 2017 Governor Brown signed Senate Bill (SB) 1 known as the Road Repair and Accountability Act of 2017. Senate Bill 1 will provide over $105 million annually to transit operators in California for eligible transit maintenance, rehabilitation and capital projects. This program is referred to as the State of Good Repair Program (SGR). Stage is eligible to receive an allocation of $73,234.00.  The Siskiyou County Local Transportation Commission is the eligible project sponsor and is responsible for distributing State of Good Repair funds to eligible transit operators. The Siskiyou Transit and General Express (STAGE) is eligible for the State of Good repair funds.  STAGE hereby requests permission to receive the FY 2023-24 project list as presented in the attached documentation. The funds will be used to purchase replacement transit vehicles in the future.  These funds will be used in conjunction with other funds from STAGE's Rolling Stock Replacement account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | 73,234.00 | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | TBD | | | |  | Description: | | | STAGE | | | Org.: | | | 303010 | | Description: | | | | STAGE | |
| Account: | | | | | | | 540800 | | | |  | Description: | | | State Other | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | Funds are advanced to the agency and all interest earned must be tracked and spent on the | | | | | | | | | | | | | | | | | | | |
| approved project per program guidelines. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retroactively approve the grant. Adopt resolution authorizing the County Administrator to execute any documents necessary to obtain financial assistance provided by SGR for the 2023-2024 cycle. Authorize staff to accept the awarded funds from the Local Transportation Commission, and authorize the Auditor's office to establish the budget. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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