***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **March 19, 2024** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sarah Collard, Ph.D./Health and Human Services Agency (HHSA)** | | | | | | | | | | **Phone:** | | | **530-841-4802** | |
| **Address:** | | | | | **2060 Campus Drive, Yreka** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard/Director of Health and Human Services Agency** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM, ROUND 5 (HHAP-5)  JOINT APPLICATION AND REGIONAL COORDINATION MEMORANDUM OF UNDERSTANDING  The California Interagency Council on Homelessness issued the HHAP-5 Notice of Funding Availability. Eligible applicants include counties, Continuums of Care, and California's 14 largest cities. HHAP-5 funds efforts to address homelessness. To be eligible for HHAP-5, applicants must apply as part of a region and be signatory to a Regionally Coordinated Homelessness Action Plan. The NorCal Continuum of Care (Norcal CoC) and the seven counties within it's jurisdiction are preparing a joint application. If approved, this MOU with the NorCal CoC and affliated counties would be submitted as part of the HHAP-5 application. The term of the agreement is from the date signed through October 1, 2028 or until all obligations to the HHAP-5 program have been fulfilled. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* This MOU is part of the HHAP-5 application and does not directly involve the transer of funds. | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | | If the State awards HHAP-5 funds as a result of this application, there will be a financial beainancialmpact. | | | | | | | | | | | | | | | | | | |
| impact. The Auditor, County Counsel, and the CAO will review before executing a funding agreement. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Honorable Board of Supervisors approve, and authorize the Chair to execute, the MOU and Regionally Coordinated Homelessness Action Plan. Authorize HHSA to participate in the preparation and submittal of the joint HHAP-5 grant application. If awarded funds, authorize the County Administrator or Designee to receive and execute the grant agreement and related documents. Authorize the Auditor to appropriate the budget and set expenditures. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | Yes | | | *Quantity:* | | 1 |
| 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