***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **5/21/24** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Social Services Division**  | **Phone:** | **530-841-4802** |
| **Address:** | **818 South Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Director** |
| **Subject/Summary of Issue:** |
| Homeless Housing Assistance and Prevention Program: Siskiyou County Health and Human Services Agency, Social Services Division, is requesting approval to accept the grant award from the Homeless Housing Assistance and Prevention (HHAP) program. The purpose of the grant funding is to expand activities to address immediate homelessness challenges, while focusing on moving homeless individuals into permanent housing. Specifically, HHSA will use these funds to continue and expand on a current program that provides housing services to individuals experiencing, or at risk of homelessness, with prioritization for individuals with an acute medical condition. If approved, this program will fulfill a critial component of the homeless response system by serving the most vulnerable members of the homeless population.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $225,709.53  |  |  |  |  |
| Fund:  | TBD |  | Description: | Human Services | Org.: | 501010 | Description: | Human Services |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve the grant application and funding agreement, authorize the Chair to execute the funding agreement, and authorize the Auditor to establish the budget and set appropriations. |
| **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