***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **8/6/2024** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Community Development Department** | | | | | | | | | | **Phone:** | | | **(530) 841-2100** | |
| **Address:** | | | | | **806 S. Main St., Yreka** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Kristen Lackey, CDD - Planning** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approve a Subrecipient Agreement between the County and Great Northern Services (GNS) in the amount of up to $288,000 to implement and operate the Siskiyou County Protein and Produce Program. The agreement will only take effect if the County receives an allocation of State Community Development Block Grant. The program will provide protein, frozen meats and fresh produce to approximately 800 low or moderate income residents in 11 different areas of the County over the course of a year and a half. The term will be from December 1, 2024 through the end of the State Standard Agreement term so that Great Northern can complete all required close-out activities. The term will begin on December 1, 2024 so that the County can confer with them during the State's application review process. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $288,000 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | See below | | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | |  | |
| Account: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Activity Code: | | | | | | N/A | | | | |  | Description: | | | N/A | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Great Northern Services is a nonprofit with County experience as a | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDBG Subrecipient, a designation that does not require procurement per federal regulation. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | | $281,000: 2750/807010/723528 Set Aside Public Service, $7,000: 2754/807011/723500 | | | | | | | | | | | | | | | | | | |
| Great Northern Administration | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approve a Subrecipient Agreement in the amount of up to $288,000 with Great Northern Services to implement and operate the Siskiyou County Protein and Produce Program if the County receives an allocation of State Community Development Block Grant funds, and authorize the Auditor to establish budget 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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19