***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **November 12, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-4802** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, PH.D., HHSA Agency Director** |
| **Subject/Summary of Issue:** |
| Resolution authorizing the Health and Human Services Agency, Social Services Division, to accept allocations under the Transitional Housing Program (THP) in the amount of $53,301.00. and the Housing Navigator and Maintenance Program (HNMP) in the amount of $10,809.00.Funds shall be used to help young adults ages 18-24 years old, inclusive, secure and maintain housing with priority given to young adults formerly in the state's foster care or probation systems. Use of Funds may inlcude but are not limited to:Identifying youth, assisting to secure and maintain housing, improve cooordination of services and linkages to community resources, provide outreach and engagement activities, and to provide case management which may include emergency supports to foster youth.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $64,110.00 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign this resolution to authorize the Siskiyou County Health and Human Services Agency, Social Services Division, to accept the allocations for the Transitional Housing Program and the Housing Navigator and Maintance Program. Allow the County Auditor to establish a budget once funds are received. |
| **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