***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **December 3, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Melissa Cummins, Siskiyou County LTC** | **Phone:** | **530.709.5060** |
| **Address:** | **190 Greenhorn Road, Yreka, CA** |
| **Person Appearing/Title:** | **Angela Davis, County Administrator** |
| **Subject/Summary of Issue:** |
| On March 12, 2024, the County Administrator appeared before the Board to discuss the formation of a joint powers agency creating the Siskiyou Transportation Agency, which will be the new governing body for transit operations within the region. The member agencies will consist of the nine incorporated cities (Dorris, Dunsmuir, Etna, Fort Jones, Montague, Mt Shasta, Tulelake, Weed, and Yreka), the Siskiyou County Local Transporation Commission, and the County of Siskiyou.All member agencies have presented the attached JPA to their respective governing body and secured concurrence to enter into the JPA.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **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: |       |
|       |
| **Recommended Motion:** |
| Authorize the Board Chair to execute the Siskiyou Transportation Agency Joint Powers Agreement. |
| **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