***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **12/10/24** |
| ***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 Round 4 (HHAP-4): The Siskiyou County Health and Human Services Agency, Social Services Division, is requesting approval to accept the grant award from the HHAP-4 program. The purpose of the grant is to organize and deploy resources, as well as to sustain existing investments toward the long-term sustainability of housing and supportive services for individuals experiencing or at risk of homelessness. HHSA will use these funds to provide a range of housing interventions such as prevention, street outreach, and interim housing. Staff will coordinate services in alignment with the County's Resolution 24-136 for establishing an encampent removal policy. The grant is administered by the California Intergency Council on Homelessness via the City of Redding, the Lead Agency for the NorCal Continuum of Care. If approved, the County would enter into a funding agreement with the City of Redding. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $302,875.59 |  |  |  |  |
| Fund:  | TBD |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| 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 funding agreement, authorize the Chair to execute the agreement, authorize the Auditor to establish the budget and set appropriations, and authorize the County Administrator to execute any addendums, agreements, or other documentation related to implementing the HHAP-4 program.  |
| **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