***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **June 4, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Angela Stumbaugh, General Services** | **Phone:** | **530-842-8297** |
| **Address:** | **190 Greenhorn Road, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Joy Hall, Director of General Services** |
| **Subject/Summary of Issue:** |
| The California Aid to Airports Program is an annual credit program which allocates up to $10,000 per airport. The annual credits can be used for operations, maintenace, and matching for AIP grants.Staff requests authorization from the Board to apply for the annual credits through the California Department of Transportation Aeronautics Program for Butte Valley $10,000, Scott Valley $10,000, Siskiyou County $10,000, and Weed Airport $10,000 for the total of $40,000 for FY 2023/2024. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 40,000 |  |  |  |  |
| Fund:  | 5230 |  | Description: | Airports | Org.: | 302020302040302050302060 | Description: | Airports |
| Account: | 540800 |  | Description: | State Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Authorize the Director of General Services and County Auditor to execute all documents to secure funding. Authorize Auditor to establish budget and appropriations.Authorize staff to accept the funds upon approval by Caltrans. |
| **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