***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **March 4, 2025** |
| ***OR*** |
| **Consent** | **X** |  |
| **Contact Person/Department:** | **Teresa Johnson** | **Phone:** | **530 842-8803** |
| **Address:** | **719 4th St., Yreka, CA 96097** |
| **Person Appearing/Title:** | **Teresa Johnson** |
| **Subject/Summary of Issue:** |
| The Tulelake Library would like to apply for a grant from the California State Library, Library Services and Technology Act Grant Program (LSTA). The grant they want to apply for is “Play for all”, which provides grants to help California libraries design and create welcoming family play spaces and offer meaningful programming around play for young children ages zero to eight.I am seeking approval from the Board of Supervisors to apply for the grant, accept the grant funds and authorize the Auditor to establish budget as listed in the grant documentation. We are requesting $26,000.00 in grant funds for the project. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | X | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $26,000 |  |  |  |  |
| Fund:  | 1001 |  | Description: | General Fund | Org.: | 602010 | Description: | County Library |
| Account: | 728000 |  | Description: | Sp. Dept. Exp. Expense |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES x[ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Respectfully request that the Board of Supervisors approve applying for the grant, accept the grant funds and authorize the Auditor’s office to establish budget as necessary. We are requesting $26,000.00 in grant funds for the project. |
| **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