***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **06/3/2025** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sarah Collard, Health and Human Services Agency (HHSA)** | | | | | | | | | | **Phone:** | | | **530-841-4802** | |
| **Address:** | | | | | **2060 Campus Drive,Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard, Director** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mountain Townhomes new construction development of affordable housing and permanent supportive housing:  The Board of Supervisors approved the Mountain Townhomes development project on February 6th and June 18th, 2024, committing to a contribution of $1,885,321.55 in Permanent Local Housing Allocation (PLHA) grant funds. As required by the PLHA guidelines, the Board agreed to provide assistance to the developer in the form of a low-interest, deferred loan.The Mountain Townhomes development is a project sponsored by the City of Mount Shasta who is contributing $4,750,000.00 in competitive PLHA funds. The attached documents follow through on the County's commitment with a loan agreement and related documents restricting the property to the intended purposes and rent restrictions for a 55-year affordability period. The MOU outlines the responsibilities of HHSA, the developer, and property managers. The project will create 25 new low-income apartment units in Mount Shasta. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $1,885,321.55 | | | | |  |  | | |  | | |  | | | | | | | | | |
| Fund: | | | | | | TBD | | | | |  | Description: | | |  | | | Org.: | | | 401030 | | Description: | | |  | |
| Account: | | | | | | 540800 | | | | |  | Description: | | | State Other | | |  | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Mt. Shasta City and the developer contacted the County for assistance financing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors adopt the Resolution, approve and authorize the CAO or designee to execute the MOU, Loan Agreement, Regulatory Agreement, Promissory Note, Deed of Trust, and Subordination Agreement. Authorize the CAO to approve nonsubstantive changes requested by project partners. Authorize the Auditor to appropriate funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | | Yes | | | *Quantity:* | | 2 |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | | Return to Maddelyn Bryan at 818 South Main St. | | | | | | | | |
| 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