***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | |  | | | |  | | **Time Requested:** | | | | | | **15 Minutes** | | | | | | **Meeting Date:** | | | | **06-03-2025** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **James Phelps, Community Development** | | | | | | | | | | **Phone:** | | | **530-841-2144** | |
| **Address:** | | | | | **806 S. Main Street, Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Bryan Schenone - OES Director, Hailey Lang - Planning Deputy Director, Rick Dean - Community Development Director** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adoption of the Local Hazard Mitigation Plan Federal Funding Issues** - OES will provide a presentation on the 2025 Local Hazard Mitigation Plan (LHMP). A current LHMP must be adopted by the BOS in order for the County to be eligible for federal disaster mitigation and recovery funding through the Federal Emergency Management Agency (FEMA). The County is currently not eligible for this federal funding category because it has not adopted an updated LHMP.  **Incorporation of the LHMP into the Seismic Safety and Safety Element of the General Plan  State Funding Issues** - A current LHMP must be incorporated into the General Plan Seismic Safety and Safety Element in order for the County to be eligible for state cost-share reimbursement following a disaster event. The County is currently not eligible for this state funding category because it has not incorporated a current LHMP into its General Plan.  **The Importance of Ensuring Funding Eligibility** It is important to ensure that the County becomes eligible for state cost-share reimbursement and federal disaster mitigation and recovery funding. Staff recommends that the BOS adopt the 2025 Local Hazard Mitigation Plan. Staff also recommends incorporation of the adopted 2025 LHMP into the General Plan Seismic Safety and Safety Element. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | | *Describe why no financial impact:* Application Fee Received. | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I move to adopt the Resolution adopting the 2025 Local Hazard Mitigation Plan and amending the General Plan Seismic Safety and Safety Element to incorporate the 2025 Local Hazard Mitigation Plan, finding that the project is exempt from CEQA and is consistent with the Siskiyou County General Plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | |
| County Counsel | | | | | | | Yes | | | | | | | | |  |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *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