***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **5 minutes** | **Meeting Date:** | **July 8th,2025** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Siskiyou County Flood Control and Water Conservation District** | **Phone:** | **530-842-8220** |
| **Address:** | **190 Greenhorn Road, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Jessica Skillen, Deputy Director** |
| **Subject/Summary of Issue:** |
| On May 6, 2025, the Board of Directors found that the imminent threat of an emergency, as defined by Section 1102 of the Public Contract Code, exists at the General Store Building at Lake Siskiyou Camp Resort located at 4239 W A Barr Road, Mt. Shasta, California, requiring immediate repair/replacement of the roof and main office and does not permit a delay resulting from competitive solicitation for bids. Staff is coming before the Board to provide staff’s update pursuant to Public Contract Code Section 22050 for the emergency repair and replacement.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **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:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| 1. Approve an emergency update in accordance with California Public Contract Code Section 22050 for emergency repair and replacement to the General Store main office and roof.2. Affirm by 4/5 vote the emergency declaration remains necessary and authorize staff to proceed with needed repairs at the facility. |
| **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