Notice of Exemption

Appendix E	A	p	p	e	n	d	ix	(E
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To: Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044 County Clerk County Of: <u>Siskiyou</u> <u>311 Fourth Street, Room 201</u> Yreka, CA 96097	From: (Public Agency): <u>City of Mt Shasta</u> 305 North Mount Shasta Boulevard Mt Shasta, CA 96067 (Address)
Project Title: City Plaza	
Project Applicant: City of Mt. Shast	a
Project Location - Specific: 303 N Mt Shasta Blvd. 41.3131,	
Project Location - City: Mt Shasta	Project Location - County: Siskiyou
Mt. Shasta City Hall Mt. Shasta plaza	Freise of Project: replacement, and installation of minor elements. Landsape Renovations
Name of Public Agency Approving Project	ot: City of Mt Shasta
Name of Person or Agency Carrying Out	Project: City of Mt Shasta
Exempt Status: (check one): Ministerial (Sec. 21080(b)(1); 15 Declared Emergency (Sec. 21080) Emergency Project (Sec. 21080)	268); 30(b)(3); 15269(a)); (b)(4); 15269(b)(c)); be and section number: Minor alterations to land, 15304
must be replaced. The project d	determined to be dangerous by an arborist, and oes not involve an expansion of development and tructures in the existing developed plaza.
Lead Agency Contact Person: Muriel Terrell	Area Code/Telephone/Extension: 530-926-7523
If filed by applicant: 1. Attach certified document of exem 2. Has a Notice of Exemption been fi Signature:	ption finding. Iled by the public agency approving the project? Yes No Date: <u>12/22/21</u> Title: <u>Crify Munaque</u>
Signed by Lead Agency	Signed by Applicant
Authority cited: Sections 21083 and 21110, Public Reference: Sections 21108, 21152, and 21152.1.	



State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

CEQA Compliance Certification

GRANTEE: City of Mt Shasta

Project Name: City Plaza

Project Address: 303 N Mt Shasta Blvd, Mt Shasta, CA 96067

Is CEQA complete? ■Yes □No Is completing CEQA a PROJECT SCOPE item? □Yes □No

What document was filed, or is expected to be filed for this project's CEQA analysis:

Date complete/expected to be completed

December 23, 2021

Notice of Exemption (attach recorded copy if filed)
 Notice of Determination (attach recorded copy if filed)
 Other:

If CEQA is complete, and a Notice of Exemption or Notice of Determination was not filed, attach a letter from the Lead Agency explaining why, certifying the project has complied with CEQA and noting the date that the project was approved by the Lead Agency.

Lead Agency Contact Informat	ion	
Agency Name: City of Mt. Shasta		
Contact Person: Muriel Terrell, Finance Dir	ector	
Mailing Address: 305 North Mt Shasta Blvd,	Mt Shasta, CA 96067	
Phone: () 530-926-7523	Email: mterrell@mtshastaca.gov	

Certification:

I hereby certify that the above referenced Lead Agency has complied or will comply with the California Environmental Quality Act (CEQA) and that the project is described in adequate and sufficient detail to allow the project's construction or acquisition.

I further certify that the CEQA analysis for this project encompasses all aspects of the work to be completed with grant funds.

AUTHORIZED REPRESENTATIVE Signature	12 Date
non plug	10/20/201
Print Name and Title	
Todd Juhasz, City Manager	
FOR OGALS USE ONLY	
CEOA Document Date Received PO Initials	

CEQA Document	Date Received	PO Initials
DNOE DNOD		



State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Per Capita Project Application Form

PROJECT NAME City Hall Plaza land scape	REQUESTED GRANT AMOUNT
Penovetions	\$ 2,500.00
PROJECT SITE NAME and PHYSICAL ADDRESS where PROJECT is located including zip code (substitute latitude and longitude where no street address is available)	MATCH AMOUNT (if project is not serving a severely disadvantaged community) ^{\$} 0
303 N. Mt. Shasta Blvd. 41.3131-122.3127	LAND TENURE (☑ all that apply) ✔ Owned in fee simple by GRANTEE
	Available (or will be available) under a () year lease or easement

NEAREST CROSS STREET Lake Street					
Project Type (Check one) Acquisition	Development	\checkmark			
COUNTY OF PROJECT LOCATION	Siskiyou				
GRANTEE NAME AND MAILING ADD City of Mt. Shasta 305 N. Mt. Shasta Blvd, CA 96067	RESS				
AUTHORIZED REPRESENTATIVE A	S SHOWN IN RESOLUTION				
Name (typed or printed) and Title	Email address	Phone			
Todd Juhasz, City Manager tjuhasz@mtsl	nastaca.gov 530-926-7519				
GRANT CONTACT-For administration	n of grant (if different from AUTH	HORIZED REPRESENTATIVE)			
Name (typed or printed) and Title	Email address	Phone			
Muriel Terrell, Finance Director, mterrell@mtshastaca.gov 530-926-7523					
GRANT SCOPE: I represent and war					
use of the requested GRANT to complete the items listed in the attached Development PROJECT Scope/Cost Estimate Form or acquisition documentation. I declare under penalty of					
PROJECT Scope/Cost Estimate Form of perjury, under the laws of the State of					
APPLICATION PACKET, including require					
		Data			
Signature of AUTHORIZED REPRESENTA	ATTVE as shown in Resolution	Date 11/23/200			
Print Name:		11-23-21			
Title: Todd Juhasz City Manager					



State of California - The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Development Project Scope/Cost Estimate Form

City of Mt. Shasta

City Hall Plaza Landscape Provenons

Development project scope (Describe the project in 30 words or less): Dangerous tree removal and replacement. Installation of additonal minor elements

Renovate Install Replace **Recreation Element** new existing existing Pool, aquatic center, splash pad Trails or walking paths Landscaping or irrigation Group picnic, outdoor classrooms, other gathering spaces Play equipment, outdoor fitness equipment Sports fields, sports courts, court lighting Community center, gym, other indoor facilities Restroom, concession stand Other: Other: Minor elements which support one or more of the recreation V 1 elements checked above: benches, lighting, parking, signage, etc.

Project Scope Items -
all that apply:

PRE-CONSTRUCTION (costs incurred prior to ground-breaking, such as design, permits, bid packages, CEQA); up to 25% of total PROJECT cost.	\$0.00
Construction	\$2,500.00
Total PROJECT cost	\$2,500.00
Subtract GRANTEE match if not in severely disadvantaged community (20% of total PROJECT cost, see page 13)	Less match -\$ 0.00
Total GRANT amount requested	\$2,500.00

The GRANTEE understands that all elements listed on this form must be complete and open to the public before the final grant payment will be made.

hm

11/23/2021

AUTHORIZED REPRESENTATIVE Signature Todd Juhasz, City Manager 11/23/21

Print Name and Title



State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Funding Sources Form

GRANTEE:	PROJECT Name
City of Mt. Shasta	City Hall Plaza Lanciscope Renevations

PROJECTS funded by the program are not complete until the PROJECT SCOPE is complete, and the PROJECT is open to the public. PROJECTS will:

- Be entirely funded by the GRANT, or
- Require funds in excess of the GRANT.

If the PROJECT requires funds in excess of the GRANT, the SCOPE of the PROJECT may be either the SCOPE of the larger project, or a subset of the larger project.

For example, if the PROJECT is \$100,000 towards construction of a \$500,000 park, the SCOPE can be the \$500,000 park, or a \$100,000 element of the park, such as a playground, that can be complete and open to the public.

The PROJECT will be entirely funded by the GRANT, or

The PROJECT requires funds in excess of the GRANT:

The SCOPE is the same as the scope of the larger project, or

The SCOPE is a subset of a larger project, the scope of that larger project is:

Larger project cost: \$

Anticipated completion date:

List all funds that will be used. Submit revised Funding Sources form should funding sources be added or modified.

Funding Source	Date Committed	Amount	
Per Capita/State of California	July 1, 2018	\$2500.00	
		\$	
		\$	

I represent and warrant that I have full authority to execute this Funding Sources Form on behalf of the GRANTEE. I declare under penalty of perjury, under the laws of the State of California, that this status report, and any accompanying documents, for the abovementioned GRANT is true and correct to the best of my knowledge.

AUTHORIZED REPRESENTATIVE Signature

Todd Juhasz, City Manager 11/23/21

Print Name and Title

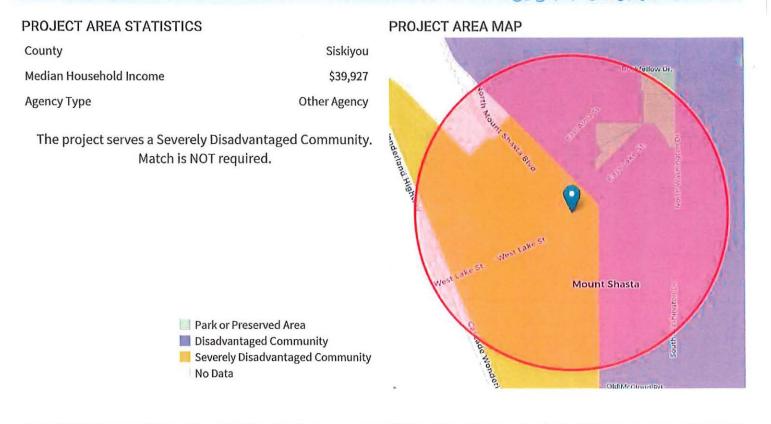
11/23/2021

Date

California State Parks Per Capita Match Calculator

Project ID: 106331 Coordinates: 41.3131, -122.3127 Date: 11/18/2021

This is the Per Capita Match Report for the site you have selected. Please review to ensure that the pin lies within the boundaries of an existing or proposed park, and submit to OGALS with your Project Application. 303 M + Skasta Blyd



REPORT BACKGROUND

The project statistics have been calculated based on half mile radius around the point location selected. Only park acres within the project area's half mile radius are reported.

Population and people in poverty are calculated by determining the percent of any census block-groups that intersect with the project area. The project area is then assigned the sum of all the census block-group portions. An equal distribution in census block-groups is assumed. Rural areas are calculated at a census block level to improve results.

Median household and per capita income are calculated as a weighted average of the census block- group values that fall within the project area. More information on the calculations is available on the methods page.

Demographics—American Community Survey (ACS) 5-year estimates 2014-2018; Decennial 2010 Census; the margin of error (MOE) was not analyzed.

Parks—California Protected Areas Database 2020a CFF adjusted (6/2020) - more information at <u>http://www.CALands.org</u>. Parks and park acres area based on best available source information but may not always contain exact boundaries or all parks in specific locations. Parks are defined further in the 2015 SCORP (pg. 4).

Users can send updated information on parks to <u>SCORP@parks.ca.gov</u>



SCORP Community FactFinder is a service of the California Department of Parks and Recreation www.parks.ca.gov SCORP Community FactFinder created by GreenInfo Network www.greeninfo.org in consultation with CA Dept. of Parks and Rec





State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Application Packet Checklist

GRANTEES must complete the checklist below and submit it with the APPLICATION PACKET. An APPLICATION PACKET is not complete unless all items on the checklist are submitted. Each PROJECT requires its own APPLICATION PACKET.

Check if included	Check if not applicable	Application Item	Procedural Guide Page #	Check when signed by AUTHORIZED REPRESENTATIVE	Application Packet Page #
1		Application Packet Checklist Digital file name: checklist.pdf	Pg. 11		Pg
~		Application Digital file name: application.pdf	Pg. 12		Pg
V		Development Project Scope/Cost Estimate, <i>or</i> Digital file name: devscope.pdf	Pg. 19	7	Pg
	~	Acquisition Requirements Digital file names: acqscope.pdf & acqdocs.pdf	Pg. 14		Pg
V		Funding Sources Form Digital file name: fundingsources.pdf	Pg. 20	\checkmark	Pg
V		Per Capita Match Calculator Digital file name: match.pdf	Pg. 13		Pg
V		CEQA Compliance Certification Digital file name: ceqa.pdf	Pg. 21	\checkmark	Pg
\checkmark	*	Land Tenure documentation Digital file names: ownership.pdf or nonownership.pdf	Pg. 21		Pg
		Sub-Leases or Agreements Digital file name: otheragreements.pdf	Pg. 24		Pg
		Site Plan Digital file name: siteplan.pdf	Pg. 24		Pg
		GHG Emissions Reduction Worksheet (at completion) Digital file name: emissions.pdf	Pg. 24		Pg
		Photos Digital file name: photos.pdf	Pg. 24		Pg



State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Per Capita Project Application Form

PROJECT NAME City Hall Plaza Tree Removal and Replacement	REQUESTED GRANT AMOUNT \$ 2,500.00
PROJECT SITE NAME and PHYSICAL ADDRESS where PROJECT is located including zip code (substitute latitude and longitude where no street address is available)	MATCH AMOUNT (if project is not serving a severely disadvantaged community) \$ 0
303 N. Mt. Shasta Blvd. 41.3131-122.3127	LAND TENURE (I all that apply) ✓ Owned in fee simple by GRANTEE Available (or will be available) under a () year lease or easement

NEAREST CROSS STREET Lake Street				
Project Type (Check one) Acquisition	Development]		
COUNTY OF PROJECT LOCATION Siski	you			
GRANTEE NAME AND MAILING ADDRESS City of Mt. Shasta 305 N. Mt. Shasta Blvd, CA 96067	3			
AUTHORIZED REPRESENTATIVE AS SH	OWN IN RESOLUTION			
Name (typed or printed) and Title	Email address	Phone		
Todd Juhasz, City Manager tjuhasz@mtshastac	ca.gov 530-926-7519			
GRANT CONTACT-For administration of g	rant (if different from AUTHO	RIZED REPRESENTATIVE)		
Name (typed or printed) and Title	Email address	Phone		
Muriel Terrell, Finance Director, mterrell@mtsh	astaca.gov 530-926-7523			
GRANT SCOPE: I represent and warrant that this APPLICATION PACKET describes the intended use of the requested GRANT to complete the items listed in the attached Development PROJECT Scope/Cost Estimate Form or acquisition documentation. I declare under penalty of perjury, under the laws of the State of California, that the information contained in this APPLICATION PACKET, including required attachments, is accurate.				
	as shown in Resolution	Date 11/23/201		
Print Name:		11-23-21		
Title: Todd Juhasz City Manager				



State of California – The Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION

Development Project Scope/Cost Estimate Form

City of Mt. Shasta

Project Scope Items - \Box all that apply:

City Half Plaza

Development project scope (Describe the project in 30 words or less): Dangerous tree removal and replacement. Installation of additional minor elements

Renovate Install Replace Recreation Element new existing existing Pool, aquatic center, splash pad Trails or walking paths V Landscaping or irrigation 2 Group picnic, outdoor classrooms, other gathering spaces Play equipment, outdoor fitness equipment Sports fields, sports courts, court lighting Community center, gym, other indoor facilities Restroom, concession stand Other: Other: Minor elements which support one or more of the recreation V elements checked above: benches, lighting, parking, signage, etc.

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Jun

11/23/2021

AUTHORIZED REPRESENTATIVE Signature

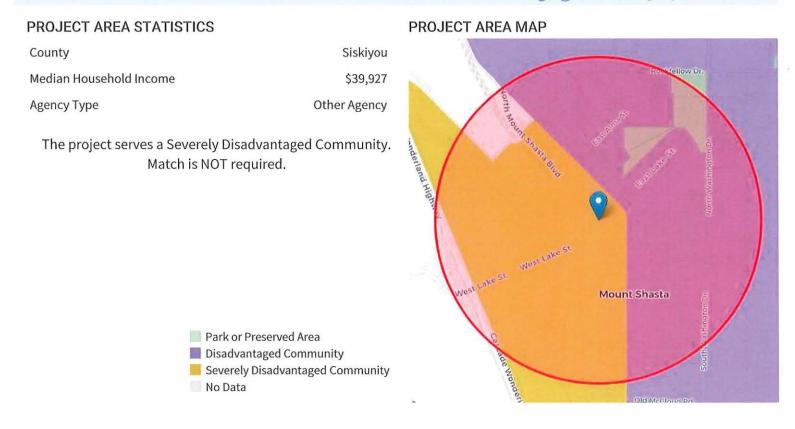
Todd Juhasz, City Manager 11/23/21

Print Name and Title

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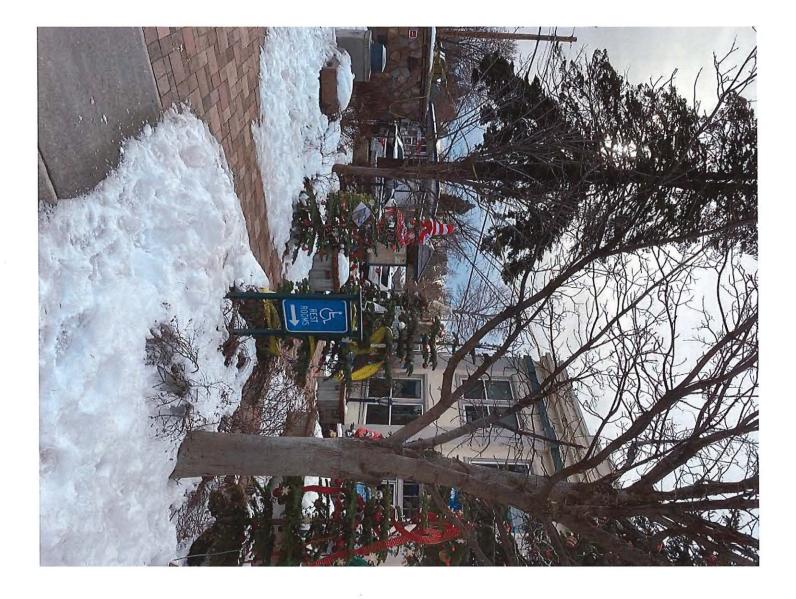
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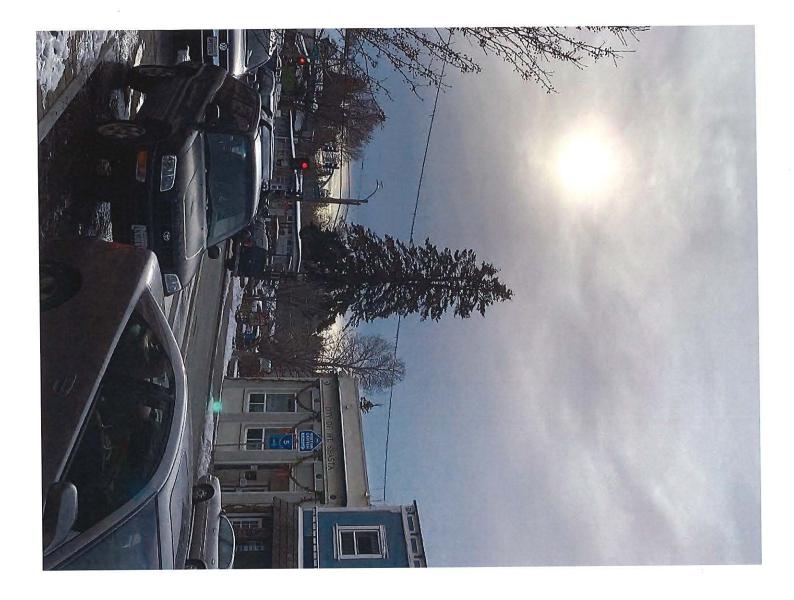


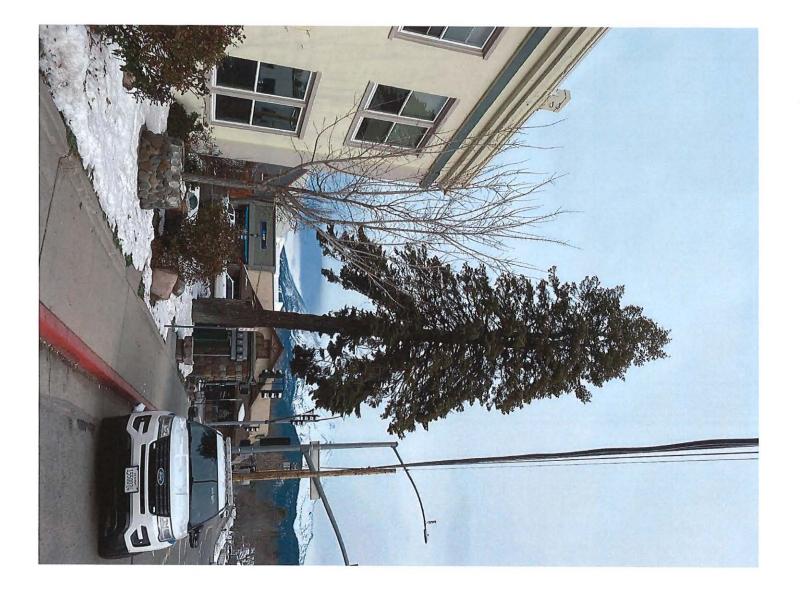
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ARCELQUEST LIST 1 DETAIL

✓ 1 Property Address:

ownersh iP

Ownership

County:	SISKIYOU, CA
Assessor:	CRAIG KAY, ASSESSOR
Parcel # (APN):	057-211-170-000
Parcel Status:	ACTIVE
Owner Name:	MOUNT SHASTA CITY OF CITY HALL
Mailing Address:	305 N MOUNT SHASTA BLVD MOUNT SHASTA CA 96067
Legal Description	

Assessment

Total Value:	Use Code: 004	Use Type: GOVERNMENT
Land Value:	Tax Rate Area: 006-000	County Zoning:
Impr Value:	Year Assd: 2021	Census Tract: 10.03/1
Other Value:	Property Tax: \$63.00	Price/SqFt:
% Improved: 0%	Delinquent Yr:	
Exempt Amt:	HO Exempt: N	

Sale History

	Sale 1	Sale 2	Sale 3	Transfer
Document Date:				
Document Number:				
Document Type:				
Transfer Amount:				
Seller (Grantor):				

Property Characteristics

Bedrooms:		Fireplace:	Units:	
Baths (Full):		A/C:	Stories:	
Baths (Half):		Heating:	Quality:	
Total Rooms:		Pool:	Building Class:	
Bldg/Liv Area:		Park Type:	Condition:	×
Lot Acres:	0.219	Spaces:	Site Influence:	
Lot SqFt:	9,561	Garage SqFt:	Timber Preserve:	
Year Built:			Ag Preserve:	

Effective Year:

