# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | |  | | | | | | **Meeting Date:** | | | | **August 3, 2021** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Sarah Collard, Ph.D., Director, Siskiyou County Health and Human Services Agency (SCHHSA)** | | | | | | | | | | | **Phone:** | | **530-841-2761** | | |
| **Address:** | | | | | **818 South Main Street, Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Sarah Collard, Ph.D., Director, SCHHSA** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siskiyou County Health and Human Services Agency (SCHHSA) has contracted with Siskiyou Child Care Council (SCCC) since 1998 to provide STAGE I child care services for currently aided CalWORKs families.  SCCC provides child care services to all CalWORKs customers referred, issues the child care payment to the child care provider, and tracks these payments for reimbursement by SCHHSA. Child care services are required under the Federal Temporary Assistance for Needy Families (TANF) program which in California is called CalWORKs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | | 185,000. | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | | 2120 | | | |  | Description: | | | Human Services | | | Org.: | | | 501010 | | Description: | | | | Human Service Admin | |
| Account: | | | | | | | 723000 | | | |  | Description: | | | Prof & Spec | | |  | | | | | | | | | | |
| Activity Code: | | | | | | | n/a | | | |  | Description: | | | n/a | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Sole source | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| That the Honorable Board of Supervisors approve and the Chair sign the Second Addendum to the Contract for Services between Siskiyou County Health and Human Services Agency and Siskiyou Child Care Council, effective July 1, 2021, through August 31, 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15