# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **August 3, 2021** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Camy Rightmier, Siskiyou County Probation** | **Phone:** | **842-8333** |
| **Address:** | **805 Juvenile Lane** |
| **Person Appearing/Title:** | **Mike Coley, Chief Probation Officer** |
| **Subject/Summary of Issue:** |
| 3rd Addendum with Tehama County for housing juveniles ward of the CourtSiskiyou County Probation wishes to extend the agreement with County of Tehama for housing and care of Siskiyou County youth. The contract includes Inmate Health accounting to allow for payment of medical and prescription costs associated with the housed youth. The Department is requesting approval of the Third Addendum to the agreement, which extends the term through June 30, 2022 with all other terms and conditions remaining in full force and effect.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate $.01  |  |  |  |  |
| Fund:  | 1001/2111 |  | Description: | General Fund/Inmate Health | Org.: | 203050/401081 | Description: | Prob/Inmate Health |
| Account: | 740000 |  | Description: | Support and Care |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | Budgets: 1001-203050-740000/2111-401081-719000/2111-401081-740000 |
|       |
| **Recommended Motion:** |
| Approve the Third Addendum to the agreement between County of Tehama and Siskiyou County Probation extending the term to June 30, 2022.  |
| **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