***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **February 1, 2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D, HHSA** | **Phone:** | **530-841-2761** |
| **Address:** | **818 South Main Street, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D., Agency Director** |
| **Subject/Summary of Issue:** |
| The Siskiyou County Health and Human Services Agency, Social Services Division respectfully requests permission to enter into a Contract for Services/Rate Agreement with Suburban Propane. This contract will provide for the lease of twelve (12) 120 gallon propane tanks and propane delivery to the 12 travel trailers supporting the various housing programs administered by the Social Services Division |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $6,983.52  |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 717000 |  | Description: | Maintenance |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* Only vendor available for this project |
|       |
| Additional Information: | 2120 Human Services-501010 HS Admin 740000 Support and Care NTE $ 0.01 |
|       |
| **Recommended Motion:** |
| The the Honorable Board of Supervisors approve and the Chair sign the Contract for Services between the Siskiyou County Health and Human Services Agency and Suburban Propane, effective January 4, 2022 through June 30, 2023. |
| **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