***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2/15/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **530-841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| County of Siskiyou, Public Health Division, is requesting to amend the current Contract with Harold’s Cleaning to replace the Scope of Services and to add additional funding to provide additional Janitorial Services at the Public Health Satellite Clinic located at 1275 S. Main Street, Yreka California, for FY 21/22, with funding not to exceed $28,750. FY 19/20 with an amount not to exceed $27,000, FY 20/21 with an amount not to exceed $27,000; FY 21/22 with an amount not to exceed $28,750. Total of this Contract NTE $143,950.00 |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $143,950 |  |  |  |  |
| Fund:  | 2121-2114-1001-2162 |  | Description: | Public Health, Environ Health Building, Planning | Org.: | 401015401014206020207070 401090 | Description: | Public Health Environ Health Building, Planning |
| Account: | 714000 726 |  | Description: | Household |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*  |
|       |
| Additional Information: |   |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Second Addendum Contract between Harold’s Cleaning and Siskiyou County Health and Human Services Agency, Public Health Division.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | 3 signature pages return to Angela Zambrano-Ford |
| 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.***