***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **4/5/2022** |
| ***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 permission to enter into a lease agreement with Kathleen J. Francis to rent the property located at 1273 S. Main Street, Buildings “B and C” Yreka, California, for office space and storage, for the period of April 1, 2022 through July 31, 2023, with funding not to exceed $75,820.00. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $75,820 |  |  |  |  |
| Fund:  | 2121/2162 |  | Description: | Public Health/ELC | Org.: | 401015 | Description: | Public Health  |
| Account: | 726000 18 |  | Description: | Public Health |  |
| 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 Lease Agreement between Kathleen J. Francis and Siskiyou County Health and Human Services Agency, Public Health Division, for the rental property located at 1273 S. Main Street, Buildings B and C, Yreka CA, for the period of April 1, 2022 through July 31, 2023, with funding not to exceed $75,820.00, and authorize the Auditor to establish budget appropriation and set expenditures per the agreement guidelines.” |
| **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.***