***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | 4/19/2022 |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis / Public Health** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis, Public Health Director** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency - Public Health Division is respectfully requesting permission to approve the First Amendment to the Grant Agreement COVID-19 Emergency Response Grant (CERG) with County Medical Services Program (CMSP) Governing Board to amend the term of the Agreement to 1/16/2023 and Exhibit A to delete reference to any anticiapated dates of payment of Grant Funds contained in parentheses therein due to the revisions set forth in the Amendment. The Amendment is effective January 14, 2022. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:* We are only extending the term of the Agreement. |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |  |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 540800 |  | Description: | State/Other |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | **“Only extending Terms of Contract”** |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the First Amendment to the Grant Agreement for COVID-19 Emergency Response Grant (CERG) with County Medical Services Program (CMSP) Government Board.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* | yes | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | 3 original documents for CMSP, 2 original documents for Siskiyou County |
| 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