***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **5 Mins** | **Meeting Date:** | **05/3/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Joy Hall, General Services** | **Phone:** | **530-842-8259** |
| **Address:** | **190 Greenhorn Road, Yreka CA 96097** |
| **Person Appearing/Title:** | **Joy Hall, Director of General Services** |
| **Subject/Summary of Issue:** |
| First Addendum to Absher & AssociatesSiskiyou Power Authority (SPA) entered into a contract with Absher & Associates to provide interconnection support, protect relay event analysis, PLC programming, and changes or improvements to HMI screens. SPA is in need of additional hours to program the PLC. SPA wishes to increase the FY21/22 by Ten Thousand Nine Hundred Thirty Seven Dollars and 50/100 ($10,937.50), each additional Fiscal Year will remain the same and bring the total amount for the term of the contract to Fifty Four Thousand One Hundred Thirty Seven and 50/100 ($54,137.50)  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | 10937.50 |  |  |  |  |
| Fund:  | 2511 |  | Description: | SPA | Org.: | 205011 | Description: | SPA |
| Account: | 723000 |  | Description: | Prof Srvs |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Move to approve the First Addendum, increasing compensation for Absher & Associates, and authorize the Chair to execute the addendum. |
| **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