***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **1 Min.** | **Meeting Date:** | **May 17, 2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Anna Hendricks** | **Phone:** | **842-8003** |
| **Address:** | **1312 Fairlane Rd, Suite 1** |
| **Person Appearing/Title:** | **Elizabeth Nielson, Deputy CAO** |
| **Subject/Summary of Issue:** |
| Staff is requesting Board approval of a Master Services Rate Agreement between the County and Occu-Med to facilitate pre-employment physicals and other related medical activities. If approved, the Agreement will be accessible to any County department in need of contracted services at the rates described in Exhibit A for the term of May 17, 2022 through June 30, 2025. Staff is also seeking Board approval to provide the County Administrator, or her designee, the authority to approve departmental requests to utilize this Master Services Agreement as need arises during the terms of the Agreement.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | All-County rate agreement, no accounting provided at this time. Departments will submit  |
| Requests to the CAO, or her designee, as needed. These requests will include all required accounting.  |
| **Recommended Motion:** |
| Staff respectfully requests approval of the Master Services Agreement with Occu-Med, as well as authority for the County Administrator, or her designee, to approve departmental requests to utilize the Agreement as needed during the term of the contract.  |
| **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