# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **09/06/2022** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Mary Ann Hall, Siskiyou County DA office** | **Phone:** | **842-8131** |
| **Address:** | **311 Fourth Street Room 204, Yreka, CA 96097** |
| **Person Appearing/Title:** |  |
| **Subject/Summary of Issue:** |
| Second Addendum to increase rate to $911 per medical examination of the Sexual Assualt Response Team contract with Abigail McClain-Smith, RN.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate .01 |  |  |  |  |
| Fund:  | 1002/1006 |  | Description: | General Fund | Org.: | 202010/201160 | Description: | Sheriff/DA |
| Account: | 723000 |  | Description: | Prof Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Approve Second Addendum to increase rate to $911 per medical examination of the Sexual Assualt Response Team contract with Abigail McClain-Smith, RN.  |
| **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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15