***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **01/17/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2761** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard PhD. / Director of Health & Human Services Agency** |
| **Subject/Summary of Issue:** |
| Real Property Lease Agreement - Jaskarn JohalSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of this Real Property Lease Agreement. Lessor leases to County the premises located at 1200 S. Main Street, Yreka, CA 96097, County of Siskiyou, State of California. The purpose of this Real Property Lease Agreement. For an initial 6 month term for grant implementation until a Community-Based Organization (CBO) is identified and assumes the lease. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $42,000  |  |  |  |  |
| Fund:  | 2122 |  | Description: | Behavioral Health  | Org.: | 401030 | Description: | Mental Health |
| Account: | 726000 |  | Description: | Rents & Leases - Building  |  |
| Activity Code:  | 2075 |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: | 2075 - MH PROJ 47 BASE CAMP GRANT |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the Real Property Lease Agreement for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Jaskarn Johal. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock at 818 So. Main St |
| 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