***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **5/2/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis / Health & Human Services Agency Public Health Division** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency - Public Health Division is respectfully requesting permission to approve the Fist Addendum to the Contract For Services with Catherine Olivolo, to extend the term of the Contract to June 30, 2026, replace Exhibit “A”, Scope of Services, and increase the compensation by One Hundred Fifty Thousand Dollars, and No/100 cents ($150,000.00), with an amount not to exceed Two Hundred Thousand Dollars and No/100 cents ($200,000.00) for the term of the Contract.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $200,000 |  |  |  |  |
| Fund:  | 21212111 |  | Description: | Public HealthInmate Health | Org.: | 401015401081 | Description: | Public HealthInmate Health |
| Account: | 723000 |  | Description: | PROF SERVICES |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* Vendor was selected based on her geographic location, availability, credentials, and  |
| Licensing. |
| Additional Information: FY 2 | FY 22/23 $50,000.00; FY 23/24 $50,000.00; FY 24/25 $50,000.00; and FY 25/26 $50,000.00; |
| with a total NTE $200,000.00 |
| **Recommended Motion:** |
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| --- |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the First Addendum to the Contract for services between Siskiyou County Health and Human Services Agency – Public Health Division and Catherine Olivolo for theterm of the contract through June 30, 2026, in the amount NTE $200,000.00.” |

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| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| 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