***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **June 6, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Public Health Director** | **Phone:** | **841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis, Public Health Director** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency - Public Health Division and Siskiyou County Health and Human Services Agency – Social Services Division is respectfully requesting permission to approve the Public Works Agreement with BNG Finish Products, Inc.to renovate the existing Immunization Clinic housed in the Siskiyou County Public Health building located at 810 S. Main St. Yreka, California, with an amount not to exceed $72,645.00.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $72,645.00 |  |  |  |  |
| Fund:  | 2162 |  | Description: | ELC Expansion | Org.: | 401015 | Description: | Personal Health |
| Account: | 761010 |  | Description: | Building Improvement |  |
| Activity Code:  |  |  | Description: |       |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* **Request for** Proposals was sent out by the Public Health **Department and only one** vendor  |
| **Vendor responded with a proposal**. |
| Additional Information: |  |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Public Works Agreement and Contract with BNG Finish Products, Inc. for the renovation of the existing Immunization Clinic housed in the Siskiyou County Public Health building located at 810 S. Main Street, Yreka, California with an amount not to exceed $72,645.00.” |
| **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