***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **6/20/2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / 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 Division** |
| **Subject/Summary of Issue:** |
| Siskiyou County Health and Human Services Agency – Public Health Division is respectfully requesting permission to approve the Second Addendum to the Contract for Services with Prevent Child Abuse America/Healthy Families America (HFA) to replace Exhibit “A”, scope of services and increase the compensation by Six Thousand Two Hundred Dollars and No/100 ($6,200.00), with an amount not to exceed Forty Nine Thousand Seventy Five Dollars and No/100 ($49,075.00) for the term of the Contract. Siskiyou County Public Health was unable to meet the original date proposed for Accreditation due to the COVID-19 pandemic and the loss of staff assigned to conduct the Home Visits required for accreditation.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $49,075 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Personal Health |
| Account: | 720000723000729200 |  | Description: | Health Admin |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: ELC  | See attached Accounting Information |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Second Addendum to the Contract for Services between Prevent Child Abuse America/Healthy Families America and Siskiyou County Health and Human Services Agency, Public Health Division for the period of October 1, 2019 through March 31, 2025, with a total amount of the Contract not to exceed $49,075.00.” |
| **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 8/09/2021