***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **7/11/2023** |
| ***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 First Addendum to the Contract For Services with National Coalition of STD Directors (NCSD), to extend the term of the Contract to June 30, 2025, and increase the compensation by Thirty Thousand Dollars, and No/100 cents ($30,000.00), with an amount not to exceed Eighty Thousand Dollars and No/100 cents ($80,000.00) 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: | $80,000 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Public Health |
| Account: | 723000 |  | Description: | Prof Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|  |
| Additional Information: FY 2 | FY 22/23 $20,000.00; FY 23/24 $30,000.00; FY 24/25 $30,000.00; with a total NTE $80,000.00 |
|  |
| **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 National Coalition ofSTD Directors (NCSD) for the term of the contract through June 30, 2025, with an amount NTE $80,000.00.” |

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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