***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **9/5/23** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Mimi Pierce / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-4309** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. / Director of Health and Human Services Agency** |
| **Subject/Summary of Issue:** |
| First Addendum to Contract for Services - Shree Sai Hospitality dba Budget Inn HouseSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval to amend the contract with Shree Sai Hospitality DBA Budget Inn to provide property management services for supported transitional shared housing at 302 N. Main St. and 515 N. Main St - houses with full kitchen and access to laundry facilities. Behavioral Health Division will provide case management and support to prevent homelessness or the need for a higher level of care. Contract Term: July 1, 2021 to June 30, 2026 |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $430,800 |  |  |  |  |
| Fund:  | 2129 |  | Description: | MHSA | Org.: | 401031 | Description: | MHSA |
| Account: | 740000 |  | Description: | Support & Care |  |
| Activity Code:  | 163A |  | Description: | MHSA FSP |  |
| Local Preference: YES [x]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized local housing services as there is lm |
| limited supervised housing available for clients. |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the First Addendum to the Contract for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Shree Sai Hospitality DBA Budget Inn  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to M. Pierce 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