***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **September 19, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Lajon Webb / Health & Human Services Agency - Behavioral Health Division** | **Phone:** | **841-2235** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Lajon Webb / Staff Services Analyst, Fiscal, HHSA** |
| **Subject/Summary of Issue:** |
| Rogue Valley Medical Transport - 1st AddendumSiskiyou County Health and Human Services Agency, Behavioral Health Division, is requesting approval of the 1st Amendment for the term of July 1, 2023 to June 30, 2024. Contractor provides transportation for persons identified in need of 5150 transportation as scheduled by the County. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | RATE |  |  |  |  |
| Fund:  | 2122/2129 |  | Description: |  Behavioral Health Services | Org.: | 401030/401031 | Description: | Behavioral Health |
| Account: | 723000/740000 |  | Description: | Professional Svcs |  |
| Activity Code:  | 163A |  | Description: | CSS-FSP |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This vendor was selected for specialized services provided. |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the 1ST Addendum between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and Rogue Valley Medical Transport, LLC, for the term of July 1, 2023 to June 30, 2024.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Pls return 1 original to R. Bullock 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