

**FIRST ADDENDUM TO Memorandum of Understanding & Data Sharing Agreement
Between
Siskiyou County Health & Human Services Agency Social Services Division (SSD)
And
Siskiyou County Health & Human Services Agency Public Health Division (PHD)**

THIS FIRST ADDENDUM is to that Agreement entered into on July 1, 2022, by, and between the Siskiyou County Health & Human Services Agency Social Services Division (“SSD”) and Siskiyou County Health and Human Services Agency Public Health Division (“PHD”), for the Home Visiting Program (HVP), and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the cost of services to be provided under the Agreement is expected to exceed the amount provided in the Agreement; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Agreement; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph VII of the Agreement, Funding, shall be amended to add an additional Twenty One Thousand Three Hundred Ten Dollars (\$21,310.00) for fiscal year 23/24, for a total amount not to exceed Four Hundred Forty One Thousand Six Hundred Forty Six (\$441,646.00), for the term of the Agreement.

Paragraph VIII of the Agreement, Claiming, shall be amended to add an additional Five Hundred Dollars (\$500.00), to increase the material goods purchased for a program participant’s household related to care, health and safety of the child and family, which shall not exceed One Thousand Dollars (\$1,000.00).

All other terms and conditions of the Agreement shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, SSD and PHD have executed this First Addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: _____

ED VALENZUELA, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

AUTHORIZED REPRESENTATIVES

By signing below, the individual certifies that it is acting as the representative of the Party named below and possesses the authority to enter into this agreement on behalf of that Party and that the Party possesses the legal authority to enter into this agreement.

For Health and Human Services

Director: Sarah Collard, Ph.D.
Department Address: 818 S. Main Street, Yreka, CA 96097
Phone Number: (530) 841-2761
Email Address: scollard@co.siskiyou.ca.us

DocuSigned by:
Signature: Dr. Sarah Collard Date: 10/4/2023
F7262EB4B48F42B...

For SSD

SSD Representative: Patricia Barbieri
Department Name: Siskiyou County Health and Human Services Agency
County Title: Director of Social Services Division
Department Address: 818 S. Main Street, Yreka, CA 96097
Phone Number: (530) 841-2750
Email Address: pbarbieri@co.siskiyou.ca.us

DocuSigned by:
Signature: Patricia Barbieri Date: 10/4/2023
A4C71D607966470...

For PHD

PHD Representative: Shelly Davis, MN BSN PHN CCHP
Department Name: Siskiyou County Health and Human Services Agency
County Title: Director of Public Health Division
Director of Nursing/Inmate Medical
Department Address: 810 S. Main Street, Yreka, CA 96097
Phone Number: (530) 841-2140
Email Address: sdavis@co.siskiyou.ca.us

DocuSigned by:
Signature: Shelly Davis, Director Public Health Date: 10/4/2023
10712DF72B30406...

ACCOUNTING:

<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>Activity Code</u>
2121	401015	595000	8328
2120	501010	795000	8328

FY 22/23 \$210,168.00

FY 23/24 \$231,478.00

Encumbrance number (if applicable):

If not to exceed, include amount not to exceed: \$441,646.00