***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **November 14, 2023** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-4802** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. Agency Director** |
| **Subject/Summary of Issue:** |
| The Siskiyou County Health and Human Services Agency respectfully requests to enter into this five (5) year contract with JoncoWest for janitorial services at the following locations:818 South Main Street, Yreka2060 Campus Drive, Yreka912 South Main Street, Yreka1107 Ream Avenue, Mount Shasta |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $0.01 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 714000 |  | Description: | Household |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* This contract was awarded through RFP #23-247 |
|       |
| Additional Information: | additional accounting Fund: 2122 Org:401030 Acct: 714000; Fund: 2127 Org: 502055 |
| Acct: 714000; Fund 2134 Org: 401100 Act: 714000 |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the Contract for Janitorial Service between the Siskiyou County Health and Human Services Agency and JoncoWest for the beginning November 20, 2023 through June 30, 2028.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| 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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021