***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **February 6, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / 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 Division** |
| **Subject/Summary of Issue:** |
| First Addendum to the Contract for Services – Dr. William E. LofthouseSiskiyou County Health and Human Services Agency, Public Health Division, is requesting approval for the First Addendum to the contract with Dr. William E. Lofthouse to replace Exhibit “A” in its entirety. All other terms and conditions of the Contract shall remain in full force and effect. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Rate |  |  |  |  |
| Fund:  | 2111 |  | Description: | Inmate health | Org.: | 401081 | Description: | Inmate Health |
| Account: | 723000 |  | Description: | Professional Serv. |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* The Vendor was selected for the specialized services provided. |
|       |
| Additional Information: ELC  | support the administration and management of the Justice-Involved Reentry Initiative.  |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the First Addendum to the Contract for Services between Dr. William E. Lofthouse and Siskiyou County Health and Human Services Agency, Public Health Division for the term of November 30, 2023, through June 30, 2024.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | Please return two signed originals and Minute Order toAngela Zambrano-Ibbs at Public Health Division |
| 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 8/09/2021