***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **August 6, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard Ph.D. / Health & Human Services Agency / Behavioral Health Division** | **Phone:** | **(530) 841-4802** |
| **Address:** | **2060 Campus Drive Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard Ph.D. / Agency Director** |
| **Subject/Summary of Issue:** |
| 1st Addendum Contract for Services - Gary ErnstSiskiyou County Health and Human Services Agency Behavioral Health Division is requesting approval to amend the contract with Gary Ernst for the term of July 1, 2024 to June 30, 2025. The purpose of this addendum is to increase funding and extend the term of the contract through June 30, 2025. Gary Ernst provides consultation services to Behavioral Health FISCAL. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $88,441.00 |  |  |  |  |
| Fund:  | 2122 |  | Description: | MH | Org.: | 401030 | Description: | MH |
| Account: | 723000 |  | Description: | Professional & Specialized Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Specialized Service |
|       |
| Additional Information: | 2134-401100-723000 |
|       |
| **Recommended Motion:** |
| The Board of Supervisors approve and authorize the Chair to sign the First ageement for Services between Siskiyou County Health & Human Services Agency, Behavioral Health Division, and for the term of July 1, 2024 to June 30, 2025. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Please return 1 original to R. Bullock at 818 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