***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | |  | |  | **Time Requested:** | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **8-13-2024** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | |  | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | **Sarah Collard, Ph.D. / Health & Human Services Agency** | | | | | | | | | | **Phone:** | | | **841-4802** | |
| **Address:** | | | **2060 Campus Drive, Yreka, CA 96097** | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | **Sarah Collard/ Director of Health and Human Services Agency** | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | |
| Master Product and Services Agreement with Pallet:  On 11/14/2023, the Board of Supervisors approved the Behavioral Health Bridge Housing (BHBH) grant program, authorizing the development and implementation of a microshelter village, or Pallet shelter project, to provide interim housing. The BHBH program is required to prioritize CARE Act participants. This contract is for purchasing the Pallet Company's micro shelter structures. If approved, this contract would authorize the purchase of 15 micro shelter structures and 4 accessory structures. | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | 464,916.27 | | | |  |  | |  | | |  | | | | | | | | | |
| Fund: | | | | 2176 | | | |  | Description: | | Behavioral Health | | | Org.: | | | 401030 | | Description: | | | BH | |
| Account: | | | | 761000 | | | |  | Description: | | State Other | | |  | | | | | | | | | |
| Activity Code: | | | | 3013 | | | |  | Description: | |  | | |  | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* Sole source | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | |
| The Board of Supervisors approve, and authorize the Chair to execute, the agreement, authorize the County Administrator to execute any addendums to the agreement or future contracts and documents required to implement the Behavioral Health Bridge Housing project. | | | | | | | | | | | | | | | | | | | | | | | |
| **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 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19