***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **September 3, 2024** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D, HHSA** | **Phone:** | **842-2762** |
| **Address:** | **818 S. 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 (HHSA) respectfully request to amend the contract with the California Department of Social Services for adoptions services. This Contract allows for the coordination of adoption services under the authority of Welfare and Institutions Code (W&IC) Section 16130 to allow for collaboration and coordination of adoption services in accordance with Title 22 California Code of Regulations (CCR) Sections 35127 through 35239. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $992,215 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000 |  | Description: | Prof & Spec |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | The amount of the Contract is not to exceed $182,909 per year for Fiscal Years |
| 2021/2022, 2022/2023, 2023/2024, and not to exceed $221,744.00 for Fiscal Years 2024/2025, and 2025/2026 |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the First Addendum to the Contract between the Siskiyou County Health and Human Services Agency and the California Department of Social Services in the amount of $992,215.00. The term of this contract shall be from July 1, 2021 to June 30, 2026.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* | yes | *Quantity:* | 2 |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* | Please send to Joan Hoy Social Service  |
| CAO |       |  | 818 S. Main Street |

***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