***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **2/18/2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Bryan Schenone - Emergency Services** | **Phone:** | **530-841-2155** |
| **Address:** | **1312 Fairlane Rd. Suite 8** |
| **Person Appearing/Title:** | **Bryan Schenone, Director**  |
| **Subject/Summary of Issue:** |
| Approve first addendum to Contract for Special Services entered into on April 18, 2023 by and between Siskiyou County Service Area #3, and MT. SHASTA AMBULANCE SERVICE, INC. extending the term of service of the contract through January 31, 2030, and ammending contract compensation to five hundred twenty-five thousand dollars and no cents ($525,000.00) resulting in the total compensation payable under the contract to an amount not to exceed five hundred twenty-five thousand dollars and no cents ($525,000.00) |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $525,000 |  |  |  |  |
| Fund:  | 2504 |  | Description: | Professional Services | Org.: | 402040 | Description: | CSA #3 |
| Account: | 723000 |  | Description: | Professional svc |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
|  Move to approve first addendum to Contract for Special Services entered into on April 18, 2023 by and between Siskiyou County Service Area #3, and MT. SHASTA AMBULANCE SERVICE, INC. extending the term of service through January 31, 2030, and ammending contract compensation $525,000.00 resulting in the total compensation payable under the contract to an amount not to exceed $525,000.00 |
| **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