***Submit completed worksheet to:***

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

# **Agenda Worksheet WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **6/03/2025** |
| ***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:** |
| Siskiyou County Health and Human Services Agency, Public Health Division, is respectfully requesting permission to enter another year of funding through Intergovernmental Transfer (IGT) Agreement with the California Department of Health Care Services (DHCS).\* Intergovernmental Agreement Regarding Transfer of Public funds up to a maximum total amount of $127,847.00 for the period of January 1, 2024 through December 31, 2024.\* Intergovernmental Transfer Assessment Fee Agreement for a 20% assessment fee on the entire amount of the non-federal share IGT's to reimburse DHCS for administrative costs of operating the IGT program for the period of January 1, 2024 through December 31, 2024. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $127,847.00 |  |  |  |  |
| Fund:  | 2121 |  | Description: | Public Health | Org.: | 401015 | Description: | Public Health |
| Account: | 752500 |  | Description: | Public Health |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | Contract # IGT 24-0099 |
|  |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the agreement between California Department of Health Care Service and Siskiyou County Health and Human Services Agency Public Health Division for the Intergovernmental Transfer funding.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | This will be signed via DocuSign. Please return Minute |
| CAO |       |       Order to Dawn Walton/Public Health Division |

***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 8/9/2021