***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | |  | | |  | | **Time Requested:** | | | | | **N/A** | | | | | | **Meeting Date:** | | | | **8/5/2025** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | **Shelly Davis / 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** | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Siskiyou County Health and Human Services Agency - Public Health Division is respectfully requesting permission to approve the Second Addendum to the Contract For Services with Dana Kent Krone (formerly Dana Kent) to extend the term of the Contract to September 30, 2028, add Exhibit ‘D’, and increase the compensation by One Hundred Twenty-Seven Thousand Two Hundred Dollars and No/100 cents ($127,200.00), with an amount not to exceed of One Hundred Eighty-Three Thousand Three Hundred Sixty Dollars and No/100 cents ($183,360.00) for the term of the Contract.  Siskiyou County is currently contracted with CDPH for the WIC program and it will expire on September 30, 2028. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | $183,360.00 | | | | |  |  | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | 2121 | | | | |  | Description: | | Public Health | | | Org.: | | | 401090 | | Description: | | | | WIC | |
| Account: | | | | | | 723000 | | | | |  | Description: | | PROF SERVICES | | |  | | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: FY 2 | | | | | | | | | FY 22/23 $18,720.00; FY 23/24 $18,720.00; FY 24/25 $18,720.00; FY 25/26 $42,400; FY 26/27 with a total NTE $56,160.00 | | | | | | | | | | | | | | | | | | |
| FY 26/27 $42,400;, and FY 27/28 $42,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Second Addendum to the Contract  For services between Siskiyou County Health and Human Services Agency – Public Health Division and Dana Kent Krone  (formerly Dana Kent) for the term of the contract through September 30, 2028, with a total amount NTE $183,360.00.” | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | | 1 |
| Auditor | | | | | | |  | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | | |  | | | | | | | | *Other:* | | Please return to Dawn Walton, PH Fiscal | | | | | | | | | |
| 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 1/15/15