***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **August 5, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Sarah Collard, Ph.D. HHSA** | **Phone:** | **530-841-4802** |
| **Address:** | **818 S. Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Sarah Collard, Ph.D. HHSA Director** |
| **Subject/Summary of Issue:** |
| The SIskiyou County Health and Human Services Agency, Social Services and Behavioral Health Divisions respectully request to ammend the Contract with Language Line Services, Inc. to extend the term from June 30, 2025 to June 30, 2028. And increase the not to exceed amount by SEVENTY-TWO THOUSAND DOLLARS ($72,000) for a total not to exceed amount of ONE HUNDRED EIGHTEEN THOUSAND DOLLARS ($118,000.00).  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $118,000.00 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 723000 |  | Description: | Professional Svc |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Through the California Multiple Award Schedule 4-23-06-1037  |
|       |
| Additional Information: | BH - 2122-401030-723000 and PA 2127-502055-723000 |
|       |
| **Recommended Motion:** |
| That the honorable Board of Supervisors approve and the Chair sign the First Addendum to the Contract with Language Line Services to extend the term of the Contract from June 30, 2025 to June 30, 2028 and add additional funds for a total not to exceed amount of $118,000.00.  |
| **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