***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** | **[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 approve the Second Addendum to the Contract For Services with Diamond Drugs Inc. dba Diamond Pharmacy Services to replace Attachment “A”, Scope of Services and add additional duties to the Contract. |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $778,500 |  |  |  |  |
| Fund:  | 2111 |  | Description: | Inmate Health | Org.: | 401081 | Description: | Inmate Health |
| Account: | 740000 |  | Description: | Support & Care |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* N/A |
|       |
| Additional Information: | FY 19/20 $42,500; FY 20/21 $92,000; FY 21/22 $92,000; FY 22/23 $92,000; FY 23/24 $92,000; |
| FY 24/25 $92,000; and FY 25/26 $92,000; FY 26/27 $92,000; and FY 27/28 $92,000, with a total NTE $778,500.00. |
| **Recommended Motion:** |
| “Recommend that The Board of Supervisors approve and authorize the Chair to sign the Second Addendum to the Contract between Siskiyou County Health and Human Services Agency, Public Health Division and Diamond Drugs, Inc. dba Diamond Pharmacy Services for the term of the contract to additional duties to the Contract.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | The Second Addendum will be DocuSigned. |
| 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 8/09/2021