***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **July 1, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Dr. Sarah Collard, HHSA** | **Phone:** | **841-4802** |
| **Address:** | **818 South Main Street Yreka, CA 96097** |
| **Person Appearing/Title:** | **Dr. Sarah Collard, HHSA Agency Director** |
| **Subject/Summary of Issue:** |
| The Siskiyou County Health and Human Services, Social Services Division respectfully requests to ammend the lease schedule with Canon Solutions of American, Inc to update the model of 2 of the 11 photocopiers leased. This is a 60 month lease with a January 1, 2025 through December 31, 2029 term.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $193,980.06 |  |  |  |  |
| Fund:  | 2120 |  | Description: | Human Services | Org.: | 501010 | Description: | HS Admin |
| Account: | 725000 |  | Description: | Rents & Leases  |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:* Canon Solutions America, Inc. is an Omina partner with an MSA with  |
| University of California - MSA # 520 |
| Additional Information: | 2120 Human Services 501010 HS Admin 717000 Equipment Maintenance |
| "Rate" |
| **Recommended Motion:** |
| That the Honorable Board of Supervisors approve and the Chair sign the first addendum to the Lease schedule between the Siskiyou County HHSA, Social Services Division and Canon Solutions America, Inc. for the term January 1, 2025 through December 31, 2029 with a not to exceed amount of $193,980.06 |
| **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