***Submit completed worksheet to:***

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

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **July 1, 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 and Siskiyou County Health and Human Services Agency – Social Services Division is respectfully requesting permission to approve the addendum to the CalWORKS MOU Home Visiting Initiative sub-award and sub-recipient agreement to support positive health, development and well-being outcomes for pregnant and parenting individuals, families, and infants born into poverty. The addemdum amount is One Hundred Forty Six Thousand Three Hundred Forty Dollars ($146,340.00) for July 1, 2025 through June 30, 2026 for a total not to exceed amount of Three Hundred Ninety-Two Thousand Six Hundred Eighty Dollars ($292,680.00) for the contract term. |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*  |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $146,340 |  |  |  |  |
| Fund:  | 2121 2120 |  | Description: | PHD & SSD | Org.: | 401015 501010 | Description: | PHD & SSD |
| Account: | 595000795000  |  | Description: | Operating transfer in/transfer out |  |
| Activity Code:  | 8328 |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*  |
|       |
| Additional Information: ELC  | **Please Note: “CWDs that opt to continue operating an existing CalWORKs HVP and have no**  |
| **Changes to their evidence-based model(s) will no longer be required to complete an RFCP application on a bi-annual basis.”** |
| **Recommended Motion:** |
| “Recommend the Board of Supervisors approve and authorize the Chair to sign the Siskiyou County Health and Human Services Agency - Public Health Division and Siskiyou County Health and Human Services Agency – Social Services Division CalWORKS MOU Home Visiting Initiative sub-award and sub-recipient addendum and authorize the Auditor to establish budget appropriation and set expenditures per the addendum for the period July 1, 2025 through June 30, 2026, for the amount of $146,340.00 for a total not to exceed amount of $292,680.00.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* |  | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | This MOU will be signed by DocuSign. Please return Minutes to Dawn Walton, Public Health |
| 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