***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** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **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** |  | *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: | | | | | | | 595000  795000 | | | |  | 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