FIRST ADDENDUM TO MEMORANDUM OF UNDERSTANDING AND DATA SHARING AGREEMENT BETWEEN SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY, SOCIAL SERVICES DIVISION (SSD) AND SISKIYOU COUNTY HEALTH & HUMAN SERVICES AGENCY, PUBLIC HEALTH DIVISION (PHD)

THIS FIRST ADDENDUM is to that Memorandum of Understanding entered into on November 13, 2024 by and between Siskiyou County Health & Human Services Agency, Social Services Division (SSD) and Siskiyou County Health & Human Services Agency, Public Health Division (PHD) and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Memorandum expires on June 30, 2025 and services continue to be required after that date; and

WHEREAS, the parties desire to extend the term of the Memorandum;

WHEREAS, the cost of services to be provided under the Memorandum is expected to exceed the amount provided in the Memorandum; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Memorandum.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph VI of the Memorandum, TERM, shall be amended to extend the term of the Memorandum through June 30, 2026.

Paragraph VII of the Memorandum, FUNDING, shall be amended to add an additional One Hundred Forty-Six Thousand Three Hundred Forty Dollars and no cents (\$146,340.00), to increase the compensation payable under the Contract to an amount not to exceed Two Hundred Ninety-Two Thousand Six Hundred Eighty Dollars and no cents (\$292,680.00)..

All other terms and conditions of the Memorandum shall remain in full force and effect.

(SIGNATURES ON FOLLOWING PAGE)

IN WITNESS WHEREOF, Memorandum of Understanding by and between Siskiyou County Health & Human Services Agency, Social Services Division (SSD) and Siskiyou County Health & Human Services Agency, Public Health Division (PHD) have executed this first addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

				COUNTYC	OF SISKIYOU	
Date:				NANCY OGREN, CHAIR Board of Supervisors County of Siskiyou State of California		
_	sT: \ BYNUM Board of Supervis	sors				
By:	Deputy					
	YER I.D. N/A	P	r	OC	es	SS
<u>Fund</u> 2121	JNTING: Organization 401015	Account 595000	ACTV 8328	FY24/25	FY25/26	<u>TOTAL</u>
2120	501010	795000	8328	\$146,340.00	\$146,340.00	\$292,680.00

If not to exceed, include amount not to exceed: \$292,680.00

AUTHORIZED REPRESENTATIVES

By signing below, the individual certifies that it is acting as the representative of the Party named below and possesses the authority to enter into this agreement on behalf of that Party and that the Party possesses the legal authority to enter into this agreement.

For Health and Human Services

Director: Sarah Collard, Ph.D.

Department Address: 818 S. Main St. Yreka, Ca. 96097

Phone Number: (530) 841-2761

Email Address: scollard@co.siskiyou.ca.us

Signature: ______ Dr. Saralı (ollard ______ Date: _____6/19/2025

For SSD

SSD Representative: Patricia Barbieri

Department Name: Siskiyou County Health and Human Services Agency

County Title: Director of Social Services Division Department Address: 818 S. Main St. Yreka, Ca. 96097

Phone Number: (530) 841-2750

Email Address: pbarbieri@co.siskiyou.ca.us

Signature: Patricia Barbiuri Date:

For PHD

PHD Representative: Shelly Davis, MN BSN PHN CCHP

Department Name: Siskiyou County Health and Human Services Agency

County Title: Director, Public Health Division

Director of Correctional Health Services

Department Address: 810 S. Main St. Yreka, Ca. 96097

Phone Number: (530) 841-2140

Email Address: sdavis@co.siskiyou.ca.us

Signature: Shelly Pavis, Director Public Health Date: 6/16/2025