

**THIRD 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 THIRD ADDENDUM is to that Memorandum of Understanding entered into on November 13, 2024 and as amended on July 1, 2025 and February 9, 2026, 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 cost of services to be provided under the Memorandum is expected to be increased (augmented) from 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 VII of the Memorandum, FUNDING, shall be amended to increase the value by Thirty-One Thousand Four Hundred Twenty-Four Dollars and no cents (\$31,424.00), for a revised total of One Hundred Forty-Five Thousand Two Hundred Eighty-Nine Dollars (\$145,289.00), and increasing the total compensation payable under the Contract to an amount not to exceed Two Hundred Ninety-One Thousand Six Hundred Twenty-Nine Dollars and no cents (\$291,629.00).

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.

COUNTY OF SISKIYOU

Date: _____

RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

TAXPAYER I.D. N/A

ACCOUNTING:

<u>Fund</u>	<u>Organization</u>	<u>Account</u>	<u>ACTV</u>	<u>FY24/25</u>	<u>FY25/26</u>	<u>TOTAL</u>
2121	401015	595000	8328			
2120	501010	795000	8328			
				<u>\$146,340.00</u>	<u>\$145,289.00</u>	<u>\$291,629.00</u>

If not to exceed, include amount not to exceed: \$291,629.00

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: _____ Date: _____

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: _____ 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: _____ Date: _____