

**MODOC COUNTY BOARD OF SUPERVISORS  
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: **June 23, 2020**

Name of Requesting Party or Entity: **Stacy Sphar, Behavioral Health**

Regular or Consent: **Consent**

Kind of Action Requested: **Consideration/Action**

Describe Specific Action Requested or Information to be Discussed:

**Requesting approval and authorization for the Chair of the Board and Health Services Director to sign an annual Memorandum of Understanding (MOU) for the Modoc Communications System Dispatch Center between Modoc County Behavioral Health and Modoc County Sheriff's Office not to exceed \$5,000.00, effective July 1, 2020 through June 30, 2021.**

**Budget Affected: No**

Clerk's Instructions:

Certified Copies Needed: 3

Minutes Orders Needed: 2

Date Submitted: 6/16/2020

Phone Number: (530) 233-6311

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Agenda Item Number: 1.c