

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

Date of Meeting for Which Item is Requested: **July 14, 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 Director of Behavioral Health Services to sign the annual contract agreement between Modoc County Health Services and I.D.E.A. Consulting not to exceed \$75,000.00, effective July 1, 2020 through June 30, 2021.

Budget Affected: No

Clerk's Instructions:
Certified Copies Needed: 3
Minutes Orders Needed: 2

Date Submitted: 7/7/2020

Phone Number: (530) 233-6311

Email: stacysphar@co.modoc.ca.us

Agenda Item Number: 1.c