

**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, Health Services**

Regular or Consent: **Regular**

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 Health Services to sign a contract between Modoc County Public Health and First 5 Modoc not to exceed \$9,015.68, effective July 1, 2020 through June 30, 2021.**

This contract is for \$9,015.68 to increase breastfeeding rates for women and babies in Modoc County by providing education and hands-on demonstrations during home visits, child birth classes, lactation consultations, and during lactation outreach events.

**Budget Affected: No**

Clerk's Instructions:  
Certified Copies Needed: 3  
Minutes Orders Needed: 1

Date Submitted: 7/6/2020

Phone Number: (530) 233-6311

Email: stacysphar@co.modoc.ca.us

Agenda Item Number:3.a