

**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: **Kelly Crosby, Social 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 the Director of Social Services to sign a subrecipient agreement between the Modoc County Department of Social Services and Shasta County Housing and Community Action Agency (SCCAA) to protect the health and safety of homeless population and reduce the spread of the COVID-19 outbreak in the amount of \$1,364.17, effective March 18, 2020 through June 30, 2020.**

The original amount we had anticipated was \$900.00 due to another county not accepting their allocation the funding was split between the Continuum of Care Counties (6).

**Budget Affected: Yes**

Clerk's Instructions:  
Certified Copies Needed: 4  
Minutes Orders Needed: 4

Date Submitted: 7/5/2020

Phone Number: (530) 233-6501

Email: KellyCrosby@co.modoc.ca.us

Agenda Item Number:2.a