

AGENDA REQUEST FORM

Agenda Item: To consider and/or approve a contract for services between **Sohayla Samimi** and the **Cleveland County Health Department**.

Name of Person Submitting Request: Melody Bays, Regional Director

Address: Cleveland County Health Department
250 12th Ave. NE
Norman, OK 73071

Phone: (405) 579-2261

Date Requested: 05/13/2026

To consider and/or approve a Contract between Cleveland County Health Department and Sohayla Samimi to provide Pregnancy Resource Navigator (PRN) services as well as Doula related services at a rate of **\$23.00 per hour for PRN Services** and **\$28.00 per hour for Doula Services**. Mileage will be reimbursed in accordance with State Travel Reimbursement Act (STRA) which is currently **\$.725 per mile**, contract should not exceed \$60,000.00

This agreement is for May 18, 2026 to June 30, 2027.

Internal Use Only

Received by: _____

Acknowledge: _____ (Chairman)

Date Assigned: _____

_____ (Member)

Applicant Notified: _____

_____ (Member)

Routine (Consent) Item: _____

Other Parties Notified: _____

**CLEVELAND COUNTY HEALTH DEPARTMENT
PROFESSIONAL SERVICE AGREEMENT**

This Professional Service Agreement (hereinafter “Agreement” or “Contract”) is entered into between the Cleveland County Health Department (hereinafter “CCHD”) with approval from the Board of County Commissioners for Cleveland County (hereinafter collectively referred to as the (“County”) and Sohayla Samimi (hereinafter referred to as “Contractor”).

TERM OF AGREEMENT: Beginning on the 18th day of May 2026, and terminating on the 30th day of June, 2027. This Agreement shall not take effect until JCHD has in its possession a copy containing original signatures of both parties. The date of execution of this Agreement need not correspond to the effective date, but the effective date shall be the controlling and commencement date.

GENERAL PURPOSE OF THIS AGREEMENT: To provide targeted Pregnancy Resource Navigator and Doula services which include outreach and education, linking individuals and families to needed resources and services to improve their health and quality of life; specifically, connecting clients to medical homes and ensuring they attend appointments and receive the care needed. This position will help clients navigate through the healthcare system. Doula services will also help support birthing for clients and perinatal care.

CCHD shall pay a rate of \$23.00 per hour for Pregnancy Resource Navigator services and \$28.00 per hour for Doula services. The total compensation for this agreement shall not exceed \$60,000 annually. A monthly invoice shall be submitted to the CCHD within thirty (30) days of the date services were rendered, indicating the date services were rendered, and the hours worked for each date.

RELATIONSHIP OF PARTIES: It is understood between the parties that the Contractor is under no circumstances to be considered an employee of the Oklahoma State Department of Health, CCHD, or Cleveland County, and therefore is not entitled to any benefits or other entitlement accruing to either State or County employees.

ASSIGNMENT: Contractor’s obligations under this Agreement shall not be assigned or transferred to any other party, without the prior written approval of the County.

ENTIRE AGREEMENT: This Agreement contains the entire Agreement of the parties and there are no other promises or conditions in any other Agreement whether oral or written. This Agreement may not be modified or amended without the written approval of both parties.

WAIVER OF CONTRACTUAL RIGHTS: The failure of either party to enforce any provision of this Agreement is not to be construed as a waiver or limitation of that part’s right to subsequently enforce and compel strict compliance with every provision of this Agreement.

SEVERABILITY: If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provisions shall be deemed to be written, construed, and enforced as so limited.

JURISDICTION: This Agreement shall be governed by the laws of the State of Oklahoma, and in the event of any litigation, venue shall be in the District Court of Cleveland County.

DUTIES OF CLEVELAND COUNTY HEALTH DEPARTMENT: CCHD shall provide such administration, supervision, and guidance to the Contractor, as CCHD deems necessary and reasonable for the performance of this Agreement.

Travel and Related Expenses:

Mileage and related lodging and per diem will be reimbursed in accordance with the State Travel Reimbursement Act (74 O.S. §500.1 et seq.).

AMMENDMENTS: This agreement may be modified, changed or amended only by an instrument in writing, signed and dated by the parties and appended hereto as an identifiable amendment hereof with approval by Board of County Commissioners of Cleveland County.

CANCELLATION CLAUSE: This Agreement is subject to termination upon 14 days advance written notice by either party. Written notice must be forwarded to the following address by certified mail.

DUTIES OF CONTRACTOR: Contractor shall maintain as confidential and privileged, all information, as required by statutes, codes of professional conduct and the rules of the CCHD. The Contractor does not have authority and will not grant access to any person who is not an employee requesting entry into the building or a specific work area. All requests for entry are to be denied. Typical work week will be Monday – Friday, for an average duration 40 hours per week depending on the need and workload. If schedule needs to be altered, Contractor will review schedule with CCHD designee.

LIABILITY OF CONTRACTOR: Contractor shall be responsible for any and all damages or personal injury caused by negligent acts or omission. Contractor agrees to hold the County harmless for any and all claims, demands, and/or liabilities resulting from any act or omission on the part of Contractor or its officers, agents, employees.

INVOICE INSTRUCTIONS: The Cleveland County Health Department Director, or designate, is required to sign each invoice from Contractor; and in doing so attests to the receipt of the services and verifies the accuracy of the invoice.

Cleveland County Health Department:


Melody Bays, Regional Director

5-13-26
Date

Contractor:


Sohayla Samimi

5-13-26
Date

APPROVED by the Board of County Commissioners this ____ day of _____, 2026

Jacob McHughes, Chairman
Cleveland County Commissioners

Rusty Grissom, Vice Chairman

Rod Cleveland, Member

Approved as to form and legality by:

District Attorney/Assist. District Attorney

Date _____

Attest:

Pam Howlett, County Clerk

Date _____