

BOS AGREEMENT NO. 23-066-A2

AMENDMENT #2

Original Agreement	BOS-23-066
Amendment 1	BOS-23-066-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-23-066**

This second Amendment to Agreement No. BOS-23-066 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **MENTAL HEALTH MANAGEMENT, INC. DBA CANYON MANOR**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-066 was entered into on July 1, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment No. BOS-23-066-A1 was entered into on May 7, 2024 (the "First Amendment") increasing the total amount by \$72,000 for a new total of \$213,000; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$70,000 from \$213,000 to \$283,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in Agreement No. BOS-23-066 is hereby increased from \$213,000 to \$283,000.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jenine Miller, Psy.D., BHRS Director

Date: 6/10/21

Budgeted: No  
Budget Unit: 4050  
Line Item: 86-3162  
Org/Object Code: MHMS75  
Grant: No  
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: [Signature]  
MAUREEN MULHEREN, Chair  
BOARD OF SUPERVISORS

Date: 06/25/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 06/25/2024

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 06/25/2024

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 06/03/2024

CONTRACTOR/COMPANY NAME

By: [Signature]  
Paul Heli, Executive Director

Date: 6/7/24

NAME AND ADDRESS OF CONTRACTOR:

MENTAL HEALTH MANAGEMENT, INC.  
DBA CANYON MANOR  
653 Canyon Road  
Novato, CA 94947  
415-829-1628  
paul.heil@canyonmanor.com

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: [Signature]  
COUNTY COUNSEL

Date: 06/03/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 06/03/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB# 24-156  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located outside Mendocino County