

AMENDMENT #1

|                    |            |
|--------------------|------------|
| Original Agreement | MH-24-016  |
| Amendment 1        | BOS-24-199 |

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. MH-24-016**

This second Amendment to Agreement No. MH-24-016 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **LIFE GENERATIONS HEALTHCARE, LLC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. MH-24-016 was entered into on July 1, 2024 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. MH-24-016 was entered into on December 3, 2024 (the "First Amendment") increasing the total amount by \$80,750 for a new total of \$100,750; 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 \$64,250 from \$100,750 to \$165,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$64,250 from \$100,750 to \$165,000.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
Jennie Miller, Psy.D.  
Director of Health Services

Date: 4/24/25

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

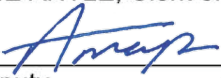
**COUNTY OF MENDOCINO**

By:   
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: 05/20/2025

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

By:   
Deputy 05/20/2025

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:   
Deputy 05/20/2025

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 04/01/2025

**CONTRACTOR/COMPANY NAME**

By:   
Lois Mastrocola, CFO

Date: 04/21/2025

**NAME AND ADDRESS OF CONTRACTOR:**

Life Generations Healthcare, LLC.  
11600 Education Street  
Auburn, CA 95602  
714-501-2335  
wendyhaining@lifegen.net

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:   
COUNTY COUNSEL

Date: 04/01/2025

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 04/01/2025

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**

**Exception to Bid Process Required/Completed** ☒ EB# 25-113

**Mendocino County Business License: Valid** ☐

**Exempt Pursuant to MCC Section:** Located outside Mendocino County