BOS AGREEMENT NO. **24-199-A1**

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