AGREEMENT NO. 24-088

AMENDMENT 3

Original Agreement	MH-22-056
Amendment 1	PA-24-49, MH-22-056-A1
Amendment 2	PA-24-49-A1, MH-22-056-A2

THIRD AMENDMENT TO COUNTY OF MENDOCINO AGREEMENT NO. MH-22-056

This Third Amendment to Agreement No. MH-22-056 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Keffeler Pharmacy**, **Inc. DBA Myers Medical Pharmacy**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. MH-22-056 was entered into on May 25, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment No. PA-24-49, MH-22-056-A1 was entered into on February 7, 2024; and

WHEREAS, Second Amendment No. PA-24-49-A1, MH-22-056-A2 was entered into on April 3, 2024; and

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

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this Third 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 amount set out in the Agreement from \$49,000 to \$58,800; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update the Exhibit B, Payment Terms to reflect the amount increase.

NOW, THEREFORE, we agree as follows:

- The total contracted amount set out in the Agreement is hereby increased from \$49,000 to \$58,800.
- 2. The Exhibit B, Payment Terms, set out in the Agreement is hereby altered and a new Exhibit B is attached herein.

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

IN WITNESS WHEREOF DEPARTMENT FISCAL REVIEW: CONTRACTOR/COMPANY NAME sv.D., BHRS Director Date: 5/21/24 Date: Budgeted: Yes NAME AND ADDRESS OF CONTRACTOR: Budget Unit: 4049 Line Item: 86-2170 Keffeler Pharmacy, Inc. DBA Org/Object Code: SUCOSP Myers Medical Pharmacy 260 Hospital Drive, Suite 111 Grant: Yes Grant No.: 15PBJA-21-GG-04559-COAP Ukiah, CA 95482 707-468-1866 rxtim@pacific.net COUNTY OF MENDOCINO By signing above, signatory warrants and represents that he/she executed this Agreement in auten 7 his/her authorized capacity and that by his/her MAUREEN MULHEREN, Chair signature on this Agreement, he/she or the entity **BOARD OF SUPERVISORS** upon behalf of which he/she acted, executed this Agreement Date: 06/25/2024 ATTEST: COUNTY COUNSEL REVIEW: DARCIE ANTLE, Clerk of said Board APPROVED AS TO FORM: I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made. 05/15/2024 Date: DARCIE ANTLE, Clerk of said Board EXECUTIVE OFFIGE/FISCAL REVIEW: **INSURANCE REVIEW:** By: Risk Management

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed EB# 24-144

Date:

Mendocino County Business License: Valid

05/15/2024

Date:

Exempt Pursuant to MCC Section: Located within city limits in Mendocino County

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR the established rates below, upon receipt of invoice, as follows:

ltem	Each	FY22-24
	Up to \$145,	
Narcan (Naloxone)	Or current market price	\$58,800

- A. Cost is subject to current market prices.
- B. CONTRACTOR shall provide quote for Narcan, to COUNTY, within one (1) working week of placed order. Once quote is approved by COUNTY, CONTRACTOR will place order. COUNTY will submit request for payment, and will receive order when payment is available, usually within fourteen (14) days.
- C. Quotes shall be submitted in writing via email to:

COUNTY OF MENDOCINO
Behavioral Health and Recovery Services
Jill Ales
alesj@mendocinocounty.org

II. The maximum amount payable under this Agreement shall not exceed Fifty-Eight Thousand Eight Hundred Dollars (\$58,800) for the term of this Agreement.

[END OF PAYMENT TERMS]