

**AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. SS-S16-065 PA NO. 17-34**

This Amendment to Agreement No. SS-S16-065 PA No. 17-34 is entered into this - 18 day of July, 2017, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Ford Street Project, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. SS-S16-065 PA No. 17-34 was entered into on September 1, 2016; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, COUNTY desires to retain CONTRACTOR for its residential substance abuse treatment services for Family and Children's Services clients.

NOW, THEREFORE, we agree as follows:

Amount of agreement: The amount set out in the original Agreement No. SS-S16-065 PA No. 17-34 will be changed from \$50,000 to \$70,000.

Expected outcome of amendment: Increased funding will allow for the reimbursement of residential substance abuse treatment services already provided by CONTRACTOR to Family and Children's Services clients in Fiscal Year 2016-17.

All other terms and conditions of Agreement No. SS-S16-065 PA No. 17-34 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO
HEALTH AND HUMAN SERVICES AGENCY:

By: *A. Molgaard*
Anne Molgaard, HHS/ Chief Operations Officer

Date: 5/31/17

Budgeted: Yes No

Budget Unit: 5010

Line Item: 86-3118

Org/Object Code: SSSFP

Grant: Yes No

Grant No.:

CONTRACTOR/ COMPANY NAME

By: *Jacqueline Williams*
Signature

Printed Name: Jacqueline Williams

Title: Executive Director

Date: 6-21-17

NAME AND ADDRESS OF CONTRACTOR:

Ford Street Project, Inc.
139 Ford Street
Ukiah, CA 95482
707-462-1934
Jacque@fordstreet.org

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 OF MENDOCINO

By: *John McCowen*
JOHN MCCOWEN, Chair
BOARD OF SUPERVISORS

Date: JUL 18 2017

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: *Carmel J. Angelo* Date: JUL 18 2017
Deputy

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

CARMEL J. ANGELO, Clerk of said Board

By: *Carmel J. Angelo* Date: JUL 18 2017
Deputy

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:
KATHARINE L. ELLIOTT, County Counsel

By: *Charlotte Scott*
Deputy

Date: 6/2/17

FISCAL REVIEW:

By: *Jill Martin*
Deputy CEO/Fiscal

Date: 6-9-17

INSURANCE REVIEW:

By: *Alan D. Flora*
ALAN D. FLORA, Risk Manager

Date: 6-9-17

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: *Carmel J. Angelo*
CARMEL J. ANGELO, Chief Executive Officer

Date: 6-9-17

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed EB No. 17-33