

AMENDMENT AGREEMENT

This Amendment hereby modifies the **Member Services Agreement (Keenan Pharmacy Purchasing Coalition)** ("Agreement") dated **July 1, 2013** by and between Keenan & Associates ("Keenan") and **County of Mendocino** ("Client") as follows:

1. Exhibit C, Client Membership Fee Schedule, effective **February 1, 2016**, is hereby replaced with a new Exhibit C, effective **January 1, 2017**, which is attached hereto and incorporated herein by reference.

The effective date of this Amendment is **January 1, 2017**.

All the remaining terms and conditions of the Agreement shall remain unchanged and in full force and effect. Each person signing this Amendment to the Agreement on behalf of a Party represents and warrants that he or she has the necessary authority to bind such Party and that this Amendment is binding on and enforceable against such Party.

<u>County of Mendocino</u>		<u>Keenan & Associates</u>	
<u>Signature:</u>		SEE ATTACHED SIGNATURE PAGE	
<u>Name:</u>		<u>Name:</u>	Jeffrey Hall
<u>Title:</u>		<u>Title:</u>	Senior Vice President
<u>Address:</u>	501 Low Gap Road Ukiah, CA 95482	<u>Address:</u>	2355 Crenshaw Blvd. Suite 200 Torrance, CA 90501
<u>Telephone:</u>	707-463-4441	<u>Telephone:</u>	310-212-0363 ext. 3222
<u>Attention:</u>		<u>Attention:</u>	
<u>E-mail:</u>		<u>E-mail:</u>	
<u>Date:</u>		<u>Date:</u>	

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

DEPARTMENT FISCAL REVIEW:

Heidi M. Dunham 6/23/17
HEIDI DUNHAM, DIRECTOR DATE

Budgeted: Yes No

Budget Unit: 0715

Line Item: 862189

Grant: Yes No

Grant No.: _____

CONTRACTOR/COMPANY NAME

By: _____ SEE ATTACHED SIGNATURE PAGE _____

NAME AND ADDRESS OF CONTRACTOR:

Keenan and Associates

2355 Krenshaw Blvd. Suite 200

Torrance, CA. 90501

COUNTY OF MENDOCINO

By: John McCowen
JOHN McCOWEN, Chair JUL 11 2017
BOARD OF SUPERVISORS

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

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy JUL 11 2017

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: [Signature]
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: [Signature]
Deputy JUL 11 2017

INSURANCE REVIEW:

RISK MANAGER

By: [Signature]
ALAN D. FLORA, Risk Manager

FISCAL REVIEW:

By: [Signature]
Deputy CEO/Fiscal

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: [Signature]
CARMEL J. ANGELO, Chief Executive Officer

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

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

DEPARTMENT FISCAL REVIEW:

SEE ATTACHED SIGNATURE PAC
HEIDI DI _____ DATE _____

Budgeted: Yes No

Budget Unit: 0715 _____

Line Item: 862189 _____

Grant: Yes No

Grant No.: _____

COUNTY OF MENDOCINO

By: _____
JOHN McCOWEN, Chair
BOARD OF SUPERVISORS

ATTEST:
CARMEL J. ANGELO, Clerk of said Board

By: _____
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: _____
Deputy

**INSURANCE REVIEW:
RISK MANAGER**

By: _____
ALAN D. FLORA, Risk Manager

CONTRACTOR/COMPANY NAME

By: Jeff Hall 6/22/2011

NAME AND ADDRESS OF CONTRACTOR:

Keenan and Associates

2355 Krenshaw Blvd. Suite 200

Torrance, CA. 90501

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:

KATHARINE L. ELLIOTT,
County Counsel

By: _____
Deputy

FISCAL REVIEW:

By: Janette Rau
Deputy CEO/Fiscal

EXECUTIVE OFFICE REVIEW:

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

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

The current Keenan Membership Fees are set forth below. If at any time Keenan changes its Membership Fees, which Keenan has the right and discretion to do at any time during this Amendment, this Exhibit C shall be deemed to be updated to reflect the most current fee schedule then in effect. Contractor shall receive at least thirty (30) days' written notice of any change in Member Service Fees.

EXHIBIT C
Client Membership Fee Schedule
2017

Employer's Monthly Enrollment	Keenan Fee 2017 PMPM
Under 2,000 Members	\$1.30
2,000 to 4,999	\$1.25
5,000 to 9,999	\$1.05
10,000 to 19,999	\$0.79
20,000 to 29,999	\$0.71
30,000 to 49,999	\$0.68
50,000 plus	\$0.50