

**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-23-071**

This Amendment to Agreement No. BOS-23-071 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Kansas Integrated Public Health System (KIPHS), Inc.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-071 was entered into on January 1, 2022; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date set out in Agreement No. BOS-23-071, from December 31, 2023 to December 31, 2024; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the amount set out in Agreement No. BOS-23-071, from \$8,774.54 to \$13,161.81.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in Agreement No. BOS-23-071 is hereby extended from December 31, 2023 to December 31, 2024.
2. The total amount set out in Agreement No. BOS-23-071 is hereby increased from \$8,774.54 to \$13,161.81.

All other terms and conditions of Agreement No. BOS-23-071 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
DEPARTMENT HEAD

Date: 02/22/2024

Budgeted: Yes
Budget Unit: 4013
Line Item: 86-2227
Org/Object Code: PNADM
Grant: No
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: [Signature]
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 03/12/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 03/12/2024

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: [Signature]
Deputy 03/12/2024

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 02/21/2024

CONTRACTOR/COMPANY NAME

By: [Signature]
Guy Roberts, President

Date: 02/22/2024

NAME AND ADDRESS OF CONTRACTOR:

Kansas Integrated Public Health System
(KIPHS), Inc.
P.O. BOX 782083
Wichita, KS 67278
316-682-0900
support@kiphs.com

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: [Signature]
COUNTY COUNSEL

Date: 02/21/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 02/21/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed 'N/A'
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located outside of Mendocino County