

BOS AGREEMENT NO. \_\_\_\_\_

AMENDMENT #3

Original Agreement No.	BOS-24-071
Amendment 1	BOS-24-071-A1
Amendment 2	BOS-24-071-A2

**THIRD AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-24-071**

This third Amendment to Agreement No. BOS-24-071 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **WILLOW GLEN CARE CENTER, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-071 was entered into on July 1, 2024 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. BOS-24-071 was entered into on June 24, 2025 (the "First Amendment") increasing the total amount from \$500,000 to \$510,000; and

WHEREAS, Second Amendment to Agreement No. BOS-24-071 was entered into on July 29, 2025 (the "Second Amendment") increasing the total amount from \$510,000 to \$545,000; 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 total amount payable by \$9,200 from \$545,000 to \$554,200.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$9,200 from \$545,000 to \$554,200.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
Jenine Miller, Psy.D.,  
Director of Health Services

Date: 8/26/25

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: \_\_\_\_\_

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

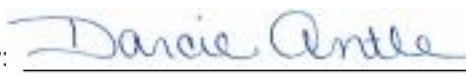
By: \_\_\_\_\_  
Deputy

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

DARCIE ANTLE, Clerk of said Board

By: \_\_\_\_\_  
Deputy

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 08/11/2025

**CONTRACTOR/COMPANY NAME**

By:   
Jeff Payne, Executive Director

Date: 8/25/25

**NAME AND ADDRESS OF CONTRACTOR:**

WILLOW GLEN CARE CENTER, INC.  
1547 Plumas Court  
Yuba City, CA 95991  
530-751-9904  
jpayne@hmcg.us

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: 08/11/2025

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 08/11/2025

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**  
**Exception to Bid Process Required/Completed** ☒ **EB# 23-74**  
**Mendocino County Business License: Valid** ☐  
**Exempt Pursuant to MCC Section:** Located outside Mendocino County