

BOS AGREEMENT NO. 23-066-A1

AMENDMENT 1

Original Agreement No.	BOS-23-066
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-23-066**

This Amendment to Agreement No. BOS-23-066 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **MENTAL HEALTH MANAGEMENT, INC. DBA CANYON MANOR**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-066 was entered into on July 1, 2023 (the "Initial Agreement"); 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 increase the amount set out in the Initial Agreement, from \$141,000 to \$213,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased from \$141,000 to \$213,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., BHRS Director

Date: 4/3/24

Budgeted: No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHMS75
Grant: No
Grant No.: 'N/A'

COUNTY OF MENDOCINO

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

Date: 05/07/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 05/07/2024

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 05/07/2024

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 03/27/2024

CONTRACTOR/COMPANY NAME

By: [Signature]
Paul Heil, Executive Director

Date: 4/10/24

NAME AND ADDRESS OF CONTRACTOR:

MENTAL HEALTH MANAGEMENT, INC.
DBA CANYON MANOR
653 Canyon Road
Novato, CA 94947
415-829-1628
paul.heil@canyonmanor.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: 03/27/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 03/27/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB# 24-107
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County