## THIRD AMENDMENT TO BOARD OF SUPERVISORS AGREEMENT NO. 16-106

This Third Amendment to BOS Agreement No. <u>16-106</u> is entered into by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and <u>Catilize Health</u>, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, BOS Agreement No. 16-106 was entered into on December 20, 2016; and

WHEREAS, BOS Agreement No. 16-106-A1 was entered into on January 20, 2020; and

WHEREAS, BOS Agreement No.16-106-A2 was entered into on October 20, 2021; 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 total amount set out in BOS Agreements No. <u>16-106</u>, <u>16-106-A1</u> and <u>16-106-A2</u> from <u>\$673,000</u> to <u>\$833,000</u> for CompleteCare, a medical expense reimbursement program, for contract term January 1, 2017 through December 31, 2024.

NOW, THEREFORE, we agree as follows:

1. The total amount set out in BOS Agreements No. <u>16-106, 16-106-A1</u> and <u>16-106-A2</u>, is hereby increased from <u>\$673,000</u> to <u>\$833,000</u>.

All other terms and conditions of BOS Agreements No. <u>16-106</u>, <u>16-106-A1</u> and <u>16-106-A2</u> shall remain in full force and effect.

IN WITNESS WHEREOF	
DEPARTMENT FISCAL REVIEW:	By: MANUEL CAMPANY NAME
DEPARTMENT HEAD DATE	1/2//2021
Budgeted: Yes No 04/02/2024	· · · · · · · · · · · · · · · · · · ·
Budget Unit: 0715	NAME AND ADDRESS OF CONTRACTOR:
Line Item: 862239	Catilize Health
Grant: Yes No	2605 Nicholson Road, Suite 1140
Grant No.:	Sewickley, PA. 15143
By: Mauren Mulheren MAUREEN MULHEREN, Chair BOARD OF SUPERVISORS  Date: 04/23/2024	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: DARCIE ANTLE, Clerk of said Board	COUNTY COUNSEL REVIEW:
By:	APPROVED AS TO FORM:  Blanton
I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.	COUNTY COUNSEL  04/02/2024
DARCIE ANTLE, Clerk of said Board	Date:
By:	
INSURANCE REVIEW:	EXECUTIVE OFFICE/FISCAL REVIEW:
By: Darcie antle Risk Management	By: Deputy CEO or Designee
Date: <b>04/02/2024</b>	Date:
Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed	