

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

AMENDMENT #1

Original Agreement No.	BOS-24-136
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**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-24-136**

This Amendment to Agreement No. BOS-24-136 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **NORTH COAST OPPORTUNITIES, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-136 was entered into on July 23, 2024 (the "Initial Agreement"); and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$15,973 from \$77,498 to \$93,471; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update the Exhibit B, Payment Terms, to reflect the amount increase.

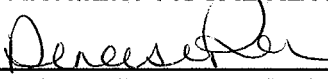
NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$15,973 from \$77,498 to \$93,471.
2. The Exhibit B, Payment Terms, set out in the Initial Agreement is hereby altered and a new Exhibit B is attached herein.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
DeNeese Parker, Social Services Director

Date: 9/3/25

Budgeted: Yes  
Budget Unit: 5010  
Line Item: 86-3118  
Org/Object Code: SSOT  
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

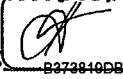
By: \_\_\_\_\_  
Deputy

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 08/26/2025

**CONTRACTOR/COMPANY NAME**

By:   
Dan McIntire, Chief Executive Officer

Date: 8/28/2025

**NAME AND ADDRESS OF CONTRACTOR:**

North Coast Opportunities, Inc.  
413 N. State Street  
Ukiah, CA 95482  
(707) 263-4688, x410  
tsedrick@ncoinc.org

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: 08/26/2025

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 08/26/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB# 26-17  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located within city limits in Mendocino County

## EXHIBIT B

### PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

- A. Child Care Navigation: Costs to provide child care navigation not to exceed a total of Sixty-Six Thousand Five Hundred Sixty-Three Dollars (\$66,563) (State General Fund).
- B. Trauma-Informed Care Training: Costs to provide trauma-informed care training not to exceed a total of Twenty-Six Thousand Nine Hundred Eight Dollars (\$26,908) (State General Fund).
- C. Services furnished under this Agreement will be reimbursed as per the following budget:

ANNUAL SERVICE	NAVIGATION	TIC TRAINING
Salary	\$43,133	\$16,229
Fringe/Benefits (25% of salary)	\$10,783	\$4,058
Child Care Training Material, Travel, training, and training for staff	\$0	\$1,509
Occupancy (10% of subtotal)	\$6,656	\$2,691
Indirect (9% of subtotal)	\$5,991	\$2,421
<b>SUBTOTAL</b>	<b>\$66,563</b>	<b>\$26,908</b>
<b>TOTAL</b>	<b>\$ 93,471</b>	

- D. Invoices, including backup documentation, shall be submitted to the COUNTY by the tenth (10th) of each month, itemizing the actual monthly costs incurred while providing child care navigation and trauma-informed care training.

1. CONTRACTOR shall submit invoices to:

Department of Social Services  
 Family & Children's Services  
 P.O. Box 839  
 Ukiah, CA 95482  
 Attn: Cherrene Lamm  
[FCSSInvoices@mendocinocounty.gov](mailto:FCSSInvoices@mendocinocounty.gov)

- 2. Data identified in Exhibit A Section I.C., of the CONTRACTOR duties shall be submitted monthly via email to Family and Children's Services staff, Michaela Barlow, at [barlowmi@mendocinocounty.gov](mailto:barlowmi@mendocinocounty.gov)

- E. Funds under this Agreement will be claimed up to but not exceeding the amount of the allocation received by the COUNTY.
  - F. Unspent funds in either category (child care navigation and/or trauma-informed care training) shall not be used to subsidize funding in the other category or the emergency child care vouchers.
  - G. Funding in each of the categories will be used until the State General Fund allocation is exhausted.
- II. Payments under this Agreement shall not exceed Ninety-Three Thousand Four Hundred Seventy-One Dollars (\$93,471) for the term of this Agreement.
- III. This Agreement will be amended if the final allocation from the California Department of Social Services for Fiscal Year 2024-25 results in higher or lower State General Fund amounts in either or both service categories.

[END OF PAYMENT TERMS]