

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

AMENDMENT #1

Original Agreement	BOS-25-095
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**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-25-095**

This Amendment to Agreement No. BOS-25-095 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-25-095 was entered into on July 1, 2025 (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 \$250,000 from \$500,000 to \$750,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$250,000 from \$500,000 to \$750,000.

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.  
Director of Health Services

Date: 11/19/25

Budgeted: No  
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: [Signature: Darcie Antle]  
Risk Management

Date: 10/28/2025

**CONTRACTOR/COMPANY NAME**

By: [Signature]  
Jeff Payne, Executive Director

Date: 11/19/25

**NAME AND ADDRESS OF CONTRACTOR:**

WILLOW GLEN CARE CENTER, INC.  
1547 Plumas Court  
Yuba City, CA 95991  
530-751-9904  
ipayne@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: [Signature]  
COUNTY COUNSEL

Date: 10/28/2025

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: [Signature]  
Deputy CEO or Designee

Date: 10/28/2025

**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 of Mendocino County