

# PH-19-024-A1

**AMENDMENT TO COUNTY OF MENDOCINO  
STANDARD SERVICES AGREEMENT NO. PH-19-024**

This Amendment to Agreement No. PH-19-024 is entered into this 16 day of September, 2019, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Noemi (Mimi) Doohan, M.D., Ph.D.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. PH-19-024 was entered into on August 15, 2019; and

WHEREAS, upon execution of this document by the County of Mendocino and the Contractor, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to replace the Payment Terms, Exhibit B, set out in the original Agreement No. PH-19-024; and

WHEREAS, COUNTY desires to retain CONTRACTOR for services provided as the County's Health Officer.

NOW, THEREFORE, we agree as follows:

1. **Payment Terms:** The Payment Terms, Exhibit B, set out in the original Agreement No. PH-19-024 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of Agreement No. PH-19-024 shall remain in full force and effect.

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By: Tammy Moss Chandler FOR  
Tammy Moss Chandler, HHSA Director

Date: 9/11/19

Budgeted: ☒ Yes ☐ No

Budget Unit: 4010

Line Item: 86-2189

Org/Object Code: PHEPI

Grant: ☐ Yes ☒ No

Grant No.:

**INSURANCE REVIEW:**

By: Camille G. Lopez  
Risk Management

Date: 9/16/19

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: Darcie Antle  
Deputy CEO

Date: 9/16/19

**CONTRACTOR/COMPANY NAME**

By: Noemi Doohan  
Noemi Doohan, M.D., Ph.D.

Date: 9/18/19

**NAME AND ADDRESS OF CONTRACTOR:**

Noemi Doohan, M.D., Ph.D.  
780 Walnut Ave.  
Ukiah, CA 95482

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:**

KATHARINE L. ELLIOTT,  
County Counsel

By: Charlotte Scott  
Deputy

Date: 9/12/19

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☐ N/A  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: \_\_\_\_\_

## **EXHIBIT B**

### **PAYMENT TERMS**

#### **A. COUNTY will pay CONTRACTOR:**

1. Two hundred fifty dollars (\$250) per week as a retainer to be on-call as described in Exhibit A.
2. One hundred twenty-five dollars (\$125) per hour for services as outlined in Exhibit A.
3. The standard IRS rate for mileage reimbursement for provision of services described in Exhibit A.
4. Reimbursement for actual costs of other approved travel expenses, including:
  - a. Hotel and food costs at the standard per diem rate
  - b. Training and/or meeting fees

#### **B. CONTRACTOR will submit invoices and original receipts for travel expenses to:**

Mendocino County  
HHSA: Public Health  
1120 South Dora St.  
Ukiah, CA 95482  
Attn: Mary Alice Willeford

Payments under this Agreement will not exceed Twenty-Five Thousand Dollars (\$25,000) for the term of this Agreement.

**END OF PAYMENT TERMS]**