



Heluna Health
EMPOWERING POPULATION
HEALTH INITIATIVES SINCE 1969

13300 Crossroads Parkway North, Suite 450 | City of Industry, CA | 91746
Phone: 800.201.7320 | Fax: 562.205.2453 | www.helunahealth.org

**AMENDMENT BETWEEN
HELUNA HEALTH
AND
MENDOCINO COUNTY HEALTH AND HUMAN SERVICES – PUBLIC HEALTH
Work Order Agreement Amendment Number 1
0187.2780 ELC CARES**

II. TERM. Unless otherwise terminated or extended by written notice, the term of this agreement shall commence on May 1, 2020 and is extended to **December 31, 2022** based upon Expanded Authority granted by DHHS-CDC.

III. SERVICES AND COMPENSATION

(b) Submission of invoices shall be submitted: Monthly, No later than 30 Days after month end. **The final invoice is due no later than February 14, 2023.**

Please retain this Amendment Number 1 for your records.

All other terms and conditions of the original Work Order Agreement remain in full force and effect.

HELUNA HEALTH:

DocuSigned by:

Peter Dale

4/11/2022

Signature & Date

Peter Dale, Chief Program Officer

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Anne Molgaard, Public Health Director

Date: 5/9/22

Budgeted: Yes No

Budget Unit: 4010

Line Item: 82-5670

Org/Object Code: PHEPI

Grant: Yes No

Grant No.: 6NU50CK000539-01-08 Heluna Health

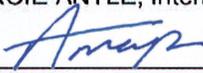
COUNTY OF MENDOCINO

By: 
TED WILLIAMS, Chair
BOARD OF SUPERVISORS

Date: 06/13/2022

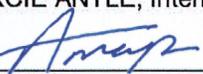
ATTEST:

DARCIE ANTLE, Interim Clerk of said Board

By: 
Deputy 06/13/2022

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Interim Clerk of said Board

By: 
Deputy 06/13/2022

INSURANCE REVIEW:

By: 
Risk Management

Date: 05/10/2022

CONTRACTOR/COMPANY NAME

By: See page 1 of Amendment
Peter Dale, Chief Program Officer

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

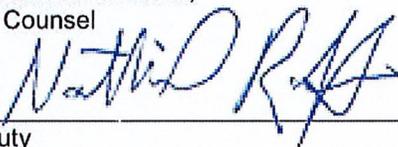
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City of Industry, CA 91746

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:

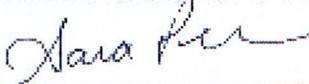
APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: 
Deputy

Date: 05/10/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 05/10/2022

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: out of county contractor