

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

AMENDMENT #2

Original Agreement	PH-24-018
Amendment 1	PA-25-67, PH-24-018-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. PH-24-018**

This second Amendment to Agreement No. PH-24-018 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Sharrie Irene Miller, LVN**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PH-24-018 was entered into on August 14, 2024 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. PH-24-018 was entered into on December 13, 2024 (the "First Amendment") increasing the total amount by \$25,400; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$20,100 from \$49,900 to \$70,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$20,100 from \$49,900 to \$70,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jennie Miller, Psy.D.,  
Director of Health Services

Date: 4/4/25

Budgeted: No  
Budget Unit: 4013  
Line Item: 86-2189  
Org/Object Code: PNADM  
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]  
Risk Management

Date: 04/01/2025

CONTRACTOR/COMPANY NAME

By: [Signature]  
Sharrie Irene Miller, LVN 4-2-25

Date: 4-2-25

NAME AND ADDRESS OF CONTRACTOR:

Sharrie Irene Miller, LVN  
329 North Main Street  
Ukiah, CA 95482  
707-641-5262  
sharrie.m48@yahoo.com

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: 04/01/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 04/01/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB# 25-57  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located within city limits in Mendocino County