

AMENDMENT #2

Original Agreement	BOS-24-091
Amendment 1	BOS-24-091-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-24-091**

This second Amendment to Agreement No. BOS-24-091 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **PSYNERGY PROGRAMS, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-091 was entered into on July 1, 2024 (the "Initial Agreement"); and

WHEREAS, first Amendment to Agreement No. BOS-24-091 was entered into on March 11, 2025 (the "First Amendment") increasing the total amount by \$215,000 for a new total of \$365,000; 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 \$20,000 from \$365,000 to \$385,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$20,000 from \$365,000 to \$385,000.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
Jenine Miller, Psy.D.  
Director of Health Services

Date: 8/26/25

Budgeted: Yes  
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: 09/23/2025

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

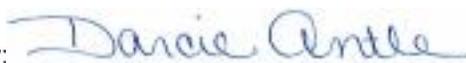
By:   
Deputy 09/23/2025

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 09/23/2025

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 08/11/2025

**CONTRACTOR/COMPANY NAME**

By:   
Arturo Uribe, LCWS-President and CEO

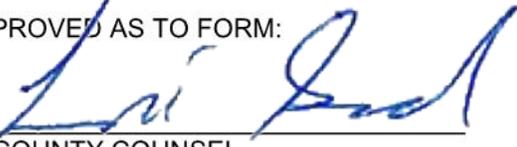
Date: 8/25/2025

**NAME AND ADDRESS OF CONTRACTOR:**

PSYNERGY PROGRAMS, INC.  
18225 Hale Avenue  
Morgan Hill, CA 95037  
408-833-5115  
lkaufmann@psynergy.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: 08/11/2025

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 08/11/2025

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**  
**Exception to Bid Process Required/Completed**  EB-22-101  
**Mendocino County Business License: Valid**   
**Exempt Pursuant to MCC Section:** Located outside of Mendocino County