

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 22-027**

This Amendment to BOS Agreement No. 22-027 is entered into this 14th day of March, 2023, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **MCAVHN Care and Prevention Network**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 22-027 was entered into on October 1, 2021; and

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

WHEREAS, it is the desire of CONTRACTOR and COUNTY to extend the termination date in BOS Agreement No. 22-027, from September 30, 2022 to September 30, 2023; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to update the Exhibit B, Payment Terms to include increased expenses, to reflect the additional year of services.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in BOS Agreement No. 22-027 is hereby extended from September 30, 2022 to September 30, 2023.
2. The Exhibit B, Payment Terms has been updated and a new Exhibit B is attached herein.

All other terms and conditions of BOS Agreement No. 22-027 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Bekkie Emery
Bekkie Emery, Social Services Director

Date: Feb. 8, 2023

Budgeted: Yes No

Budget Unit: 0446

Line Item: 86-3112

Org/Object Code: VRES39

Grant: Yes No

Grant No.: 20-ESGCV-1-00039

COUNTY OF MENDOCINO

By: Glen McGourty
GLEN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 03/14/2023

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: Amy
Deputy 03/14/2023

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: Amy
Deputy 03/14/2023

INSURANCE REVIEW:

By: Darcie Antle
Risk Management

Date: 02/03/2023

CONTRACTOR/COMPANY NAME

By: Joanna Olson
Joanna Olson (Feb 6, 2023 13:55 PST)
Joanna Olson, Executive Director

Date: Feb 6, 2023

NAME AND ADDRESS OF CONTRACTOR:

MCAVHN Care and Prevention Network
148 Clara Avenue
Ukiah, CA 95482
707-272-9251
joanna@mcavhncares.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:

CHRISTIAN M. CURTIS,
County Counsel

By: Charlotte Scott
Deputy

Date: 02/03/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Nara Pen
Deputy CEO or Designee

Date: 02/03/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed RFQ# 020-21
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located within city limits in Mendocino County _____

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

A	PERSONNEL SALARIES AND BENEFITS: Executive Director (0.2 FTE): \$17,763 Program Supervisor (0.2 FTE): \$12,688 Street Outreach Worker (0.5 FTE): \$24,107 Housing Case Manager/Navigator (0.5 FTE): \$24,107 Non-Congregate Shelter Case Manager (0.5 FTE): \$24,107 Rapid Rehousing Case Manager (0.5 FTE): \$42,429.82	\$145,201.82
B	OPERATING EXPENSES: Street Outreach Expenses: \$7,000 <ul style="list-style-type: none"> •Meals, blankets, clothes, and toiletries: \$5,000 •Client Laundry: \$2,000 Non-Congregate Emergency Shelter Expenses: \$118,000 <ul style="list-style-type: none"> •Motel Vouchers: \$112,500 •Motel Room Cleaning and Repair Costs: \$5,500 Rapid Rehousing Expenses: \$56,750 <ul style="list-style-type: none"> •Housing Applications: \$1,750 •Short and Medium Term Rental Assistance: \$10,000 •Security Deposits: \$15,000 •Landlord Signing Bonuses: \$10,000 •Utility Deposits, Payments, and Other Expenses: \$10,000 •Client Housing Repair: \$10,000 	\$181,750.00
C	TRAVEL EXPENSES: Client transportation to medical, behavioral health, and other services (cost of gas, insurance, taxes, and maintenance for company-owned vehicles or current IRS mileage rate for personnel-owned vehicles): \$2,560	\$2,560.00
D	OTHER COSTS: None	\$0
E	INDIRECT COSTS: (as allowable per HCD ESG-CV1 NOFA)	\$14,776.18
	CONTRACT TOTAL	\$344,288

II. Submission of claims and reports will comply as follows:

A. CONTRACTOR will submit monthly invoices (Attachment 4) and receipts to the Mendocino County, Social Services, ACTeam/HOMe Team:

Mendocino County
 Department of Social Services
 Attn: HOMe Team Program Administrator
 P.O. Box 839
 Ukiah, CA 95482

- B. Original receipts and invoices for actual costs will need to be provided for reimbursement.
 - C. Invoices submitted past the due date must be accompanied by a letter explaining why the invoice is late. COUNTY has the sole authority to determine whether to approve or disapprove payment of late invoice.
 - D. COUNTY will not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.
 - E. Line item budget shifts up to ten percent (10%) do not require COUNTY approval. Line item budget shifts greater than ten percent (10%) require a pre-approval email from the Program Administrator or designee.
- III. Services and payments under this Agreement shall not exceed Three-Hundred Forty-Four Thousand Two-Hundred Eighty-Eight Dollars (\$344,288).

[END OF PAYMENT TERMS]