

**AMENDMENT TO COUNTY OF MENDOCINO  
STANDARD SERVICES AGREEMENT NO. SS-S16-085  
PURCHASING AGENT NO. 17-79**

This Amendment to Agreement No. SS-S16-085, Purchasing Agent No. 17-79 is entered into this 6<sup>th</sup> day of December, 2016, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Community Services**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. SS-016-085, Purchasing Agent No. 17-79 was entered into on November 30, 2016, to provide extreme weather/emergency shelter services in the inland area; and

WHEREAS, the extreme weather/emergency shelter is anticipated to open in the beginning of December, 2016; and

WHEREAS, the City of Ukiah will provide a partial match of \$30,000 for the support of the extreme weather/emergency shelter services; and

WHEREAS, this agreement was entered into with the understanding that an amendment to the contract would be presented to the Board for consideration of the full \$80,000 allocation; 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

NOW, THEREFORE, we agree as follows:

**Amount of agreement:** The amount set out in the original Agreement No. SS-016-085, Purchasing Agent No. 17-79 will be changed from \$50,000 to \$80,000.

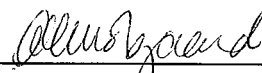
**Payment Terms:** The Payment Terms, Exhibit B, set out in the original Agreement No. SS-016-085, Purchasing Agent No. 17-79 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of Contract Agreement No. SS-016-085, Purchasing Agent No. 17-79 are to remain in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

**COUNTY OF MENDOCINO  
HEALTH AND HUMAN SERVICES AGENCY:**

By:   
Anne Molgaard, Chief Operations Officer

Date: 11/30/16

Budgeted: ☒ Yes ☐ No

Budget Unit: 5010

Line Item: 86-3135

Org/Object Code: SS JS HSP

Grant: ☐ Yes ☒ No

Grant No.:

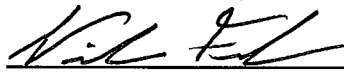
**COUNTY OF MENDOCINO**

By:   
DAN GJERDE, Chair  
BOARD OF SUPERVISORS

Date: DEC 06 2016

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board


By:  Date: DEC 06 2016  
Deputy

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

CARMEL J. ANGELO, Clerk of said Board

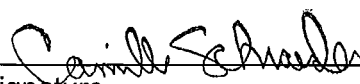
By:  Date: DEC 06 2016  
Deputy

**INSURANCE REVIEW:**

By:   
ALAN D. FLORA, Risk Manager

Date: 11-30-16

**CONTRACTOR/ COMPANY NAME**

By:   
Signature

Printed Name: Camille Schraeder

Title: Executive Director

Date: 11/30/16

**NAME AND ADDRESS OF CONTRACTOR:**


Redwood Community Services  
P.O. Box 422  
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:   
Deputy

Date: 11/30/16

**FISCAL REVIEW:**

By:   
Deputy CEO/Fiscal

Date: 11-30-16

**EXECUTIVE OFFICE REVIEW:**

APPROVAL RECOMMENDED

By:   
CARMEL J. ANGELO, Chief Executive Officer

Date: 11-30-16

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ 17-70

## EXHIBIT B

### PAYMENT TERMS

COUNTY will pay CONTRACTOR, as per the following instructions:

1. For satisfactory provision of services as defined in the description of services.

Description	# Months	Monthly Cost	Total Cost	Total Requested
<b>Emergency Shelter</b>				
Staff (6 paid staff, 17 hours/day, 7 days/week, 26 weeks)	6	\$12,000	\$72,000	\$48,468
Facility Rent + \$5,000 security deposit (4 months plus security deposit = \$16,532)	6	\$5,767	\$39,602	\$31,532
				<b>\$80,000</b>

2. CONTRACTOR will submit all monthly reports as outlined in Exhibit A, to:

Maya Stuart  
HHSA Adult and Aging Services  
747 S. State Street  
Ukiah, CA 95482  
707-468-7065

3. This is a one-time project and CONTRACTOR should make no assumption of continued funding from the COUNTY for this purpose at the end of this contract period.

Payments under this agreement shall not exceed Eighty Thousand dollars (\$80,000) for the term of this agreement.

[END OF PAYMENT TERMS]