

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. 21-101**

This Amendment to BOS Agreement No. 21-101 is entered into this       day of       , 2022, 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".

WHEREAS, BOS Agreement No. 21-101 was entered into on July 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 increase the amount in BOS Agreement No. 21-101, from \$450,000 to \$520,000; and

WHEREAS, CONTRACTOR will continue to provide mental health residential treatment services.

NOW, THEREFORE, we agree as follows:

1. The amount set out in BOS Agreement No. 21-101 is hereby increased from \$450,000 to \$520,000.

All other terms and conditions of BOS Agreement No. 21-101 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jennine Miller, Psy.D., BHRS Director

Date: 5/17/22

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org Code: MHMS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: [Signature]  
TED WILLIAMS, Chair  
BOARD OF SUPERVISORS

Date: 06/13/2022

ATTEST: Interim  
DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 06/13/2022

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

Interim  
DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 06/13/2022

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 05/11/2022

CONTRACTOR/COMPANY NAME:

By: [Signature]  
Arturo Uribe, LCWS President and CEO

Date: 5/18/2022

NAME AND ADDRESS OF CONTRACTOR:

Psynergy Programs, Inc.  
18225 Hale Ave.  
Morgan Hill, CA 95037  
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:

CHRISTIAN M. CURTIS,  
County Counsel

By: [Signature]  
Deputy

Date: 05/11/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 05/11/2022

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 Mendocino County \_\_\_\_\_