

AMENDMENT #1

Original Agreement	BOS-25-131
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-131**

This Amendment to Agreement No. BOS-25-131 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **ST. HELENA HOSPITAL DBA ADVENTIST HEALTH ST. HELENA AND DBA ADVENTIST HEALTH VALLEJO**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-131 was entered into on July 29, 2025 (the "Initial Agreement"); and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$500,000 from \$500,000 to \$1,000,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$500,000 from \$500,000 to \$1,000,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 11/17/25

Budgeted: No
Budget Unit: 4050
Line Item: 86-3160
Org/Object Code: MH
Grant: No
Grant No.: N/A

COUNTY OF MENDOCINO

By: 
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 12/16/2025

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 12/16/2025

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 12/16/2025

INSURANCE REVIEW:

By: 
Risk Management

Date: 10/27/2025

CONTRACTOR/COMPANY NAME

By: 
John Beaman, Assistant Secretary

Date: 11/13/2025

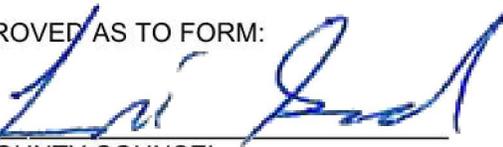
NAME AND ADDRESS OF CONTRACTOR:

St. Helena Hospital
DBA Adventist Health St. Helena
and DBA Adventist Health Vallejo
1 Adventist Health Way
Roseville, CA 91206 95661
559-679-2785
Arroyo@ah.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: 10/27/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 10/27/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed EB#26-37
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located outside of Mendocino County

