

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

**SCO ID: 4265-2210260-A1 BOS Agreement  
22-236-A1** **CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED** 1 PAGESAGREEMENT NUMBER  
**22-10260**AMENDMENT NUMBER  
**A01**

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

**CONTRACTING AGENCY NAME**

California Department of Public Health

**CONTRACTOR NAME**

County of Mendocino

2. The term of this Agreement is:

**START DATE**

October 1, 2022

**THROUGH END DATE**

September 30, 2025

3. The maximum amount of this Agreement after this Amendment is:

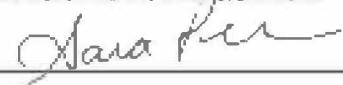
**\$ 3,400,221.00 Three Million Four Hundred Thousand Two Hundred Twenty-One Dollars**

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. This amendment increases the contract by **\$63,906.00**, changing the total amount to read **\$3,400,221.00**, to better support the Contractor's needs.*All other terms and conditions shall remain the same.***IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.****CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of Mendocino

CONTRACTOR BUSINESS ADDRESS 1120 South Dora Street	CITY Ukiah	STATE CA	ZIP 95482
PRINTED NAME OF PERSON SIGNING Sara Pierce	TITLE Deputy CEO		
CONTRACTOR AUTHORIZED SIGNATURE 	DATE SIGNED <b>05/17/2023</b>		

**STATE OF CALIFORNIA****CONTRACTING AGENCY NAME**

California Department of Public Health

CONTRACTING AGENCY ADDRESS 1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377	CITY Sacramento	STATE CA	ZIP 95899
PRINTED NAME OF PERSON SIGNING Joseph Torrez	TITLE Chief, Contracts Management Unit		
CONTRACTING AGENCY AUTHORIZED SIGNATURE 	Digital signature by Joseph Torrez Date: 2023.06.27 10:41:56 -07'00'	DATE SIGNED	

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By:   
DEPARTMENT HEAD

Date: May 19, 2023

Budgeted: Yes

Budget Unit: 0418

Line Item: 82-5670

Org/Object Code: UN

Grant: Yes

Grant No.: 22-10260

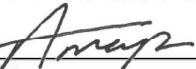
COUNTY OF MENDOCINO

By:   
GLENN MCGOURTY, Chair  
BOARD OF SUPERVISORS

Date: 06/20/2023

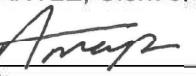
ATTEST:

DARCIE ANTLE, Clerk of said Board

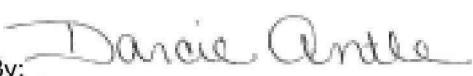
By:   
Deputy 06/20/2023

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:   
Deputy 06/20/2023

INSURANCE REVIEW:

By:   
Risk Management

Date: 05/17/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed  'N/A'

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: State

CONTRACTOR/COMPANY NAME

By: See page 1 for CDPH Signature  
Christina Flores, CDPH, WIC Division

Date: \_\_\_\_\_

NAME AND ADDRESS OF CONTRACTOR:

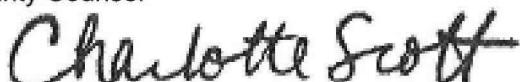
California Department of Public Health  
P.O. Box 997377  
Sacramento, CA 95899  
(279) 217-1037  
christina.flores@cdph.ca.gov

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:

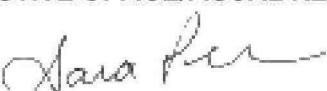
APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

By:   
Deputy

Date: 05/17/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By:   
Deputy CEO or Designee

Date: 05/17/2023