

BOS AGREEMENT NO. \_\_\_\_\_

AMENDMENT #1

Original Agreement	MH-25-029
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**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. MH-25-029**

This Amendment to Agreement No. MH-25-029 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **MAPLE HEALTHCARE**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. MH-25-029 was entered into on July 1, 2025 (the "Initial Agreement"); and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$90,000 from \$20,000 to \$110,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$90,000 from \$20,000 to \$110,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jenine Miller, Psy.D.  
Director of Health Services

Date: 11/19/25

Budgeted: No  
Budget Unit: 4050  
Line Item: 86-3162  
Org/Object Code: MHMS75  
Grant: No  
Grant No.: N/A

COUNTY OF MENDOCINO

By: [Signature]  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

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

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: \_\_\_\_\_  
Deputy

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

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 10/28/2025

CONTRACTOR/COMPANY NAME

By: [Signature]  
Shahrazad Jannet, Regional Administrator  
Mark Galeck Vice President of Operations  
Date: 10-28-25

NAME AND ADDRESS OF CONTRACTOR:

Maple Healthcare  
2625 Maple Ave  
Los Angeles, CA 90011  
818-284-1088  
administrator@foothillops.com

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: [Signature]  
COUNTY COUNSEL

Date: 10/28/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 10/28/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB-25-134  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located outside of Mendocino County