

BOS AGREEMENT NO. _____

**AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. MH-16-022
PURCHASING AGENT NO. 17-59**

This Amendment to Agreement No. MH-16-022, Purchasing Agent No. 17-59 is entered into this _____ day of _____, 2017 by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Canyon Manor**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. MH-16-022, Purchasing Agent No. 17-59 was entered into on November 4, 2016, to provide licensed residential treatment for adult Behavioral Health and Recovery Services; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and the CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein.

NOW, THEREFORE, we agree as follows:

Amount of agreement: The amount set out in the original Agreement No. MH-16-022, Purchasing Agent No. 17-59 will be changed from \$50,000 to \$335,000.

All other terms and conditions of Agreement No. MH-16-022, Purchasing Agent No. 17-59 shall remain in full force and effect.

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: [Signature]
Jenine Miller, FHSA Assistant Director/
Behavioral Health Director

Date: 12/5/16

Budgeted: Yes No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS-75

Grant: Yes No

Grant No.:

COUNTY OF MENDOCINO

By: John McCowan, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____ Date: _____
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: _____
Deputy

INSURANCE REVIEW:

By: [Signature]
ALAN D. FLORA, Risk Manager

Date: 12/19/16

CONTRACTOR/ COMPANY NAME

By: [Signature]
Signature

Printed Name: Richard Evatz, LCSW

Date: 1/17/17

NAME AND ADDRESS OF CONTRACTOR:

Canyon Manor
653 Canyon Road
Novato, CA 94947
revatzcanyonm@aol.com
415-892-1628 x306

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: Charlotte Scott
Deputy

Date: 12/13/16

FISCAL REVIEW:

By: [Signature]
Deputy CEO/Fiscal

Date: 12/19/16

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: [Signature]
CARMEL J. ANGELO, Chief Executive Officer

Date: 12/19/16

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed 17-58