

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 16-086**

This Amendment to BOS Agreement No. 16-086 is entered into this 11 day of July, 2017, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Community Crisis Center**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 16-086 was entered into on October 4, 2016; 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, COUNTY desires to retain CONTRACTOR for its crisis response services.

NOW, THEREFORE, we agree as follows:

Amount of agreement: The amount set out in the original BOS Agreement No. 16-086 will be changed from \$62,489 to \$66,542.

Payment Terms: The Payment Terms, Exhibit B, set out in the original BOS Agreement No. 16-086 has been altered and a new Exhibit B is attached herein.

Expected outcome of amendment: The Department of Health Care Services increased the funding available through Grant No. 93.958. The additional funds will be used by CONTRACTOR to expand availability of staff providing services funded through this grant.

All other terms and conditions of BOS Agreement No. 16-086 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, HHS-A Assistant Director/
Behavioral Health Director

Date: 2/28/17

Budgeted: Yes No

Budget Unit: 4050

Line Item: 86-2189

Org/Object Code: MHAS92

Grant: Yes No

Grant No.: 93.958

COUNTY OF MENDOCINO

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

Date: JUL 11 2017

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature] Date: JUL 11 2017
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: [Signature] Date: JUL 11 2017
Deputy

CONTRACTOR/ COMPANY NAME

By: [Signature]
Signature

Printed Name: Camille Schraeder

Title: Executive Director

Date: 6/5/17

NAME AND ADDRESS OF CONTRACTOR:

Redwood Community Crisis Center
780 South Dora St.
Ukiah, CA 95482
707-476-2010
Camille@rcs4kids.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:
KATHARINE L. ELLIOTT, County Counsel

By: [Signature]
Deputy

Date: 5/17/17

FISCAL REVIEW:

By: [Signature]
Deputy CEO/Fiscal

Date: 5-19-17

INSURANCE REVIEW:

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

Date: 5-19-17

EXECUTIVE OFFICE REVIEW:

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

Date: 5-19-17

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed 17-31

EXHIBIT B

PAYMENT TERMS

COUNTY will pay CONTRACTOR as per the following instructions:

1. County will pay Contractor
 - (i) 0.44 FTE Community Liaison as stated in Exhibit A \$1,669.91 per month for 12 months\$20,039

 - (ii) 0.30 FTE Regional Support Team Member (three) as stated in Exhibit A \$1,291.75 per month for 12 months (\$1,291.75*3)*12\$46,503
\$66,542

2. Billing for services is expected to be completed on a monthly basis and must occur within thirty (30) days of service provision. Billings for services beyond the 30-day period will not be honored.

3. Monthly invoices and summary of services will be sent to:

HHSA-Mental Health Fiscal
1120 S. Dora Street
Ukiah, CA 95482
Attn: Mary Alice Willeford

The compensation payable to CONTRACTOR hereunder shall not exceed \$66,542 for the term of this Agreement.

[END OF PAYMENT TERMS]