

BOS AGREEMENT NO. 25-011

AMENDMENT #1

Original Agreement	PA-25-30 MH-24-035
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**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. PA-25-30, MH-24-035**

This Amendment to Agreement No. PA-25-30, MH-24-035 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. PA-25-30, MH-24-035 was entered into on July 15, 2024 (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 \$54,000 from \$50,000 to \$104,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$54,000 from \$50,000 to \$104,000.

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: 12/23/24

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

COUNTY OF MENDOCINO

By: [Signature] John Haschak  
~~MAUREEN MULLEREN~~, Chair  
BOARD OF SUPERVISORS

Date: 02/11/2025

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 02/11/2025

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: [Signature]  
Deputy 02/11/2025

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 12/16/2024

CONTRACTOR/COMPANY NAME

By: [Signature]  
Ezequiel Berdovich, CEO

Date: 12/15/2024

NAME AND ADDRESS OF CONTRACTOR:

Maple Healthcare  
2625 Maple Ave.  
Los Angeles, CA 90011  
818-284-1088  
ceo@betenu.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: 12/16/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 12/16/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☒ EB# 25-72  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located outside Mendocino County