

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. BOS-22-122**

This Amendment to BOS Agreement No. BOS-22-122 is entered into this 28th day of March, 2023, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Mental Health, Inc. DBA Canyon Manor**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. BOS-22-122 was entered into on July 1, 2022; 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, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in BOS Agreement No. BOS-22-122, from \$133,612 to \$203,612.

NOW, THEREFORE, we agree as follows:

1. The amount set out in BOS Agreement No. BOS-22-122 is hereby increased from \$133,612 to \$203,612.

All other terms and conditions of BOS Agreement No. BOS-22-122 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., BHRS Director

Date: 3/6/23

Budgeted: Yes No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHMS75

Grant: Yes No

Grant No.:

COUNTY OF MENDOCINO

By: [Signature]
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 03/28/2023

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 03/28/2023

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: [Signature]
Deputy 03/28/2023

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 03/03/2023

CONTRACTOR/COMPANY NAME

By: [Signature]
Paul Heil, Executive Director

Date: 3/6/23

NAME AND ADDRESS OF CONTRACTOR:

Mental Health Management, Inc. DBA
Canyon Manor
653 Canyon Rd.
Novato, CA 94947
415-829-1628
paul.heil@canyonmanor.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:

CHRISTIAN M. CURTIS,
County Counsel

By: [Signature]
Deputy

Date: 03/03/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 03/03/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed EB# 23-84
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located outside Mendocino County _____