### BOS AGREEMENT NO. 25-025

#### AMENDMENT #1

Original Agreement PA-24-62 MH-24-001

## AMENDMENT TO COUNTY OF MENDOCINO AGREEMENT NO. PA-24-62, MH-24-001

This Amendment to Agreement No. PA-24-62, MH-24-001 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **GARY ERNST**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA-24-62, MH-24-001 was entered into on July 1, 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 \$30,000 from \$49,000 to \$79,000; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update Exhibit B, Payment Terms to allow for additional travel hours as needed, with COUNTY approval.

NOW, THEREFORE, we agree as follows:

- 1. The total contracted amount set out in the Initial Agreement is hereby increased by \$30,000 from \$49,000 to \$79,000.
- 2. The Exhibit B, Payment Terms, set out in the Initial Agreement is hereby altered and a new Exhibit B is attached herein.

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

# IN WITNESS WHEREOF DEPARTMENT FISCAL REVIEW:

Jenine Miller, Psy.D. Director of Health Services Date: Date: 3/19/25 NAME AND ADDRESS OF CONTRACTOR: Budgeted: Yes Budget Unit: 4050 **GARY ERNST** Line Item: 86-2189 1526 East Beach Drive Org/Object Code: MHAD75 Visalia, CA 93292 Grant: No 559-679-2541 Grant No.: N/A gcernst@sbcglobal.net COUNTY OF MENDOCINO By signing above, signatory warrants and represents that he/she executed this By: Agreement in his/her authorized capacity and that by his/her signature on this Agreement, JOAN HASCHAK, Chair BOARD OF SUPERVISORS he/she or the entity upon behalf of which he/she acted, executed this Agreement Date: 04/08/2025 ATTEST: COUNTY COUNSEL REVIEW: DARCIE ANTLE, Clerk of said Board APPROVED AS TO FORM: 04/08/2025 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 04/08/2025 **INSURANCE REVIEW:** EXECUTIVE OFFICE/FISCAL REVIEW: Risk Management 02/20/2025 Date: Date:

CONTRACTOR/COMPANY NAME

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed 
Mendocino County Business License: Valid

**Exempt Pursuant to MCC Section:** 

#### **EXHIBIT B**

### **PAYMENT TERMS**

- I. COUNTY will pay CONTRACTOR as per the following instructions:
  - 1. One Hundred Twenty-Five Dollars (\$125) per hour for services described in Exhibit A.
  - 2. One Hundred Twenty-Five Dollars (\$125) per hour for one-way travel not to exceed forty-eight (48) hours a month either onsite or offsite. The COUNTY will not pay per diem or other travel expenses.
    - a. In cases where additional travel hours are required, CONTRACTOR will obtain prior approval from COUNTY to exceed forty-eight (48) hours a month.
- II. CONTRACTOR will bill COUNTY on a monthly basis on an approved invoice (Attachment 1).
- III. CONTRACTOR's invoice will include:
  - 1. Time period the invoice covers.
  - 2. Services rendered during the time period covered by the invoice.
  - 3. Signature of CONTRACTOR certifying the services described on the invoice have been performed.
- IV. CONTRACTOR shall submit invoices by tenth (10<sup>th</sup>) of the month following the month of services. Invoices not received within thirty (30) days will not be paid.
- V. CONTRACTOR shall send invoices to:

COUNTY OF MENDOCINO
Behavioral Health and Recovery Services
1120 South Dora St.
Ukiah, CA 95482
Attn: Jenine Miller

VI. The compensation payable to CONTRACTOR hereunder shall not exceed Forty-Nine Thousand Dollars (\$49,000) for the term of this Agreement.

[END OF PAYMENT TERMS]