

Amendment #4

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|--------------------|---------------------|
| Original Agreement | PA-23-85, MH-23-011 |
| Amendment 1 | BOS-23-157 |
| Amendment 2 | BOS-24-020 |
| Amendment 3 | BOS-24-051 |

**FOURTH AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. PA-23-85, MH-23-011**

This fourth Amendment to Agreement No. PA-23-85, MH-23-011 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **CALIFORNIA PSYCHIATRIC TRANSITIONS, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA-23-85, MH-23-011 was entered into on July 1, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment No. BOS-23-157 was entered into on September 12, 2023 (the "First Amendment"); and

WHEREAS, Second Amendment No. BOS-24-020 was entered into on February 6, 2024 (the "Second Amendment"); and

WHEREAS, Third Amendment No. BOS-24-051 was entered into on April 23, 2024 (the "Third Amendment"); and

WHEREAS, the Initial Agreement, First Amendment, Second Amendment, and Third Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this fourth Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount set out in the Agreement by \$155,000 from \$660,000 to \$815,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$155,000 from \$660,000 to \$815,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
Jerine Miller, Psy.D.,
Director of Health Services

Date: 9/9/24

Budgeted: No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHMS75
Grant: No
Grant No.: 'N/A'

COUNTY OF MENDOCINO

By: 
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 09/24/2024


ATTEST:

DARCIE ANTLE, Clerk of said Board


By: 
Deputy 09/24/2024

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: 
Deputy 09/24/2024

INSURANCE REVIEW:

By: 
Risk Management

Date: 08/09/2024

CONTRACTOR/COMPANY NAME

By: 
Aaron Stocking, Director

Date: 9/10/2024


NAME AND ADDRESS OF CONTRACTOR:

California Psychiatric Transitions, Inc.
9234 Hilton Ave.
P.O. Box 339
Delhi, CA 95315
209-662-5364
astocking@cptmhrc.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

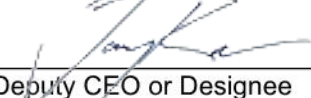
COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: 
COUNTY COUNSEL

Date: 08/09/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 08/09/2024

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

Exception to Bid Process Required/Completed ☒ EB#

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Located outside Mendocino County