

BOS AGREEMENT NO. 23-052-A2

**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. 23-052**

This Second Amendment to Agreement No. 23-052 is entered into by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Personify Health, Inc., hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. 23-052 was entered into on April 11, 2023; and

WHEREAS, First Amendment No. 23-052-A1 was entered into on July 9, 2024; and

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

WHEREAS, CONTRACTOR's legal name is Personify Health, Inc.

NOW, THEREFORE, we agree as follows:

1. The CONTRACTOR's name set out in the Initial Agreement is hereby changed from Virgin Pulse, Inc. to Personify Health, Inc.

All other terms and conditions of Agreement No. 23-052 and 23-052-A1 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

DEPARTMENT HEAD _____ DATE _____

Budgeted: Yes No

Budget Unit: 4025

Line Item: 862189

Grant: Yes No

Grant No.: N/A

COUNTY OF MENDOCINO

By: Maureen Mulheren
MAUREEN MULHEREN, Chair
BOARD OF SUPERVISORS

Date: 12/03/2024

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: Amap
Deputy 12/03/2024

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: Amap
Deputy 12/03/2024

INSURANCE REVIEW:

By: Darcie Antle
Risk Management

Date: 11/08/2024

CONTRACTOR/COMPANY NAME

DocuSigned by:
By: [Signature]
F1D490718F6B498...
Date: 11/14/2024

NAME AND ADDRESS OF CONTRACTOR:

Personify Health, Inc.
75 Fountain Street, Suite 310
Providence, RI 02902-0050

Signed by:
Approved by: Daniel Ackerman
EEA2B5A330DA444...

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: Bria Clerton
COUNTY COUNSEL

Date: 11/08/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 11/08/2024

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: _____