

**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-24-022**

This Amendment to Agreement No. BOS-24-022 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **RESTPADD, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-022 was entered into on January 1, 2024 (the "Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this 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 amount set out in the Agreement from \$500,000 to \$850,000.

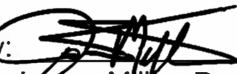
NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased from \$500,000 to \$850,000.

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

IN WITNESS WHEREOF


DEPARTMENT FISCAL REVIEW:

By:   
Jenine Miller, Psy.D., BHRS Director

Date: 5/21/24

Budgeted: No  
Budget Unit: 4050  
Line Item: 86-3280  
Org/Object Code: MH  
Grant: No  
Grant No.: 'N/A'


COUNTY OF MENDOCINO

By:   
MAUREEN MULHEREN, Chair  
BOARD OF SUPERVISORS

Date: 06/25/2024


ATTEST:

DARCIE ANTLE, Clerk of said Board

By:   
Deputy 06/25/2024

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 06/25/2024

INSURANCE REVIEW:

By:   
Risk Management

Date: 05/15/2024

CONTRACTOR/COMPANY NAME

By:   
Nick Cutler – Controller

Date: 5/16/2024

NAME AND ADDRESS OF CONTRACTOR:

Restpadd, Inc.  
2750 Eureka Way  
Redding, CA 96001  
530-727-7645  
[nclay@restpaddhealth.com](mailto:nclay@restpaddhealth.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: 05/15/2024

EXECUTIVE OFFICE/FISCAL REVIEW:

By:   
Deputy CEO or Designee

Date: 05/15/2024

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

Exception to Bid Process Required/Completed ☒ EB# 24-102

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Located outside Mendocino County