

BOS AGREEMENT NO. _____

AMENDMENT #2

Original Agreement No.	BOS-24-071
Amendment 1	BOS-24-071-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-24-071**

This second Amendment to Agreement No. BOS-24-071 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **WILLOW GLEN CARE CENTER, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-071 was entered into on July 1, 2024 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. BOS-24-071 was entered into on June 24, 2025 (the "First Amendment") increasing the total amount from \$500,000 to \$510,000; and

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

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second 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 payable by \$35,000 from \$510,000 to \$545,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$35,000 from \$510,000 to \$545,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 7/10/25

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

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

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

INSURANCE REVIEW:

By: 
Risk Management

Date: 07/03/2025

CONTRACTOR/COMPANY NAME

By: 
Jeff Payne, Executive Director

Date: 7/10/25

NAME AND ADDRESS OF CONTRACTOR:

WILLOW GLEN CARE CENTER, INC.
1547 Plumas Court
Yuba City, CA 95991
530-751-9904
jpayne@hmcg.us

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: 07/03/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 07/03/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☒ **EB# 23-74**
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County