

AMENDMENT #1

Original Agreement PH-24-020

**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. PH-24-020**

This Amendment to Agreement No. PH-24-020 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **ANGELA ROSE FISHER-WEAVER**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PH-24-020 was entered into on August 14, 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 \$40,100 from \$24,900 to \$65,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$40,100 from \$24,900 to \$65,000.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

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

Date: 11/13/24

Budgeted: Yes  
Budget Unit: 4013  
Line Item: 86-2189  
Org/Object Code: PNADM  
Grant: No  
Grant No.: 'N/A'

**COUNTY OF MENDOCINO**

By:   
MAUREEN MULHEREN, Chair  
BOARD OF SUPERVISORS

Date: 12/03/2024

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

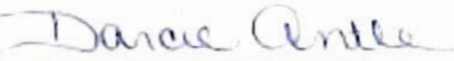
By:   
Deputy 12/03/2024

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:   
Deputy 12/03/2024

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 11/12/2024

**CONTRACTOR/COMPANY NAME**

By:   
Angela Rose Fisher-Weaver, PA-C

Date: 11/13/24

**NAME AND ADDRESS OF CONTRACTOR:**

Angela Rose Fisher-Weaver  
36741 Hopewell Road  
Squaw Valley, CA 93675  
559-903-0801  
angelaflower@aol.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: 11/12/2024

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 11/12/2024

**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