

**AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. MH-21-004**

This Amendment to Agreement No. MH-21-004 is entered into this 19th day of April, 2022, 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".

WHEREAS, Agreement No. MH-21-004 was entered into on July 1, 2021; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in Agreement No. MH-21-004, from \$25,000 to \$98,000; and

WHEREAS, CONTRACTOR will continue to provide mental health residential facility services for Behavioral Health and Recovery Services clients according to Agreement No. MH-21-004.

NOW, THEREFORE, we agree as follows:

1. The amount set out in Agreement No. MH-21-004 will be increased from \$25,000 to \$98,000.

All other terms and conditions of Agreement No. MH-21-004 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 3/29/22

Budgeted: Yes No

Budget Unit: 4050


Line Item: 86-3162

Org Code: MHMS75

Grant: Yes No

Grant No.:

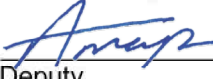
COUNTY OF MENDOCINO

By: 
TED WILLIAMS, Chair
BOARD OF SUPERVISORS

Date: 04/20/2022

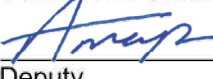
ATTEST:

DARCIE ANTLE, Interim Clerk of said Board


By: 
Deputy 04/20/2022

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Interim Clerk of said Board

By: 
Deputy 04/20/2022

INSURANCE REVIEW:

By: 
Risk Management

Date: 03/23/2022

CONTRACTOR/COMPANY NAME:

By: 
Aaron Stocking, Director

Date: 3/29/2022

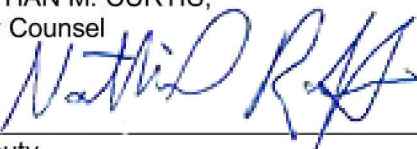
NAME AND ADDRESS OF CONTRACTOR:

California Psychiatric Transitions, Inc.
9234 Hilton Ave
PO 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:

CHRISTIAN M. CURTIS,
County Counsel
By: 
Deputy

Date: 03/23/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 03/23/2022

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed EB# 20-43
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located outside of Mendocino County _____