

BOS AGREEMENT NO. 20-001

**AMENDMENT TO STANDARD SERVICES
AGREEMENT NO. MH-19-029, PA NO. 20-37**

This Amendment to Agreement No. MH-19-029, PA No. 20-37 is entered into this 7th day of January, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Nadham Inc. DBA Creekside Convalescent Hospital – Behavioral Health Unit**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. MH-19-029, PA No. 20-37 was entered into on August 23, 2019; 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 maximum amount set out in original Agreement No. MH-19-029, PA No. 20-37, from \$50,000 to \$200,000; and

WHEREAS, CONTRACTOR will continue to provide residential services to Behavioral Health and Recovery Services clients as outlined in original Agreement No. MH-19-029, PA No. 20-37.

NOW, THEREFORE, we agree as follows:

1. The amount set out in original Agreement No. MH-19-029, PA No. 20-37 will be extended from \$50,000 to \$200,000.

All other terms and conditions of Agreement No. MH-19-029, PA No. 20-37 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, HHSA Assistant Director/
Behavioral Health Director

Date: 11/18/19

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHMS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: [Signature]
CARRE BROWN, Chair, John Haschak
BOARD OF SUPERVISORS

Date: 1-8-2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy 1-8-2020

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

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy 1-8-2020

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 11/25/19

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

Exception to Bid Process Required/Completed ☒ EB# 20-51

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____

CONTRACTOR/COMPANY NAME

By: [Signature]
April Trask, Interim Administrator

Date: 12/14/19

NAME AND ADDRESS OF CONTRACTOR:

Creekside Convalescent Hospital –
Behavioral Health Unit
850 Sonoma Ave.
Santa Rosa, CA 95404
707-524-7030
sgarrison@thekkek.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,
Acting County Counsel

By: [Signature]
Deputy

Date: 11/21/19

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO

Date: 11/25/19