

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 16-049**

This Amendment to BOS Agreement No. 16-049 is entered into this 13th day of March, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Quality Management Company**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 16-049 was entered into on June 21, 2016; 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, COUNTY desires to retain CONTRACTOR for mental health services for adults age 25 years and older.

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original BOS Agreement No. 16-049 will be changed from \$5,143,103 to \$5,273,603.

All other terms and conditions of BOS Agreement No. 16-049 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

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

Date: 2/5/18

Budgeted: ☒ Yes ☐ No

Budget Unit: 4050

Line Item: 86-3280

Org/Object Code: MHAS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: [Signature]
DAN HAMBURG, Chair
BOARD OF SUPERVISORS **MAR 14 2018**

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy **MAR 14 2018**

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 **MAR 14 2018**

INSURANCE REVIEW:

By: [Signature]
Risk Management

CONTRACTOR/COMPANY NAME

By: [Signature]
Signature

Printed Name: Camille Schraeder

Title: Chief Financial Officer

Date: 2-23-18

NAME AND ADDRESS OF CONTRACTOR:

Redwood Quality Management Company
P.O. Box 422
Ukiah, CA 95482

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: [Signature]
Katharine L. Elliott, County Counsel

Date: 2/8/18

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: [Signature]
Deputy CEO

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

Exception to Bid Process Required/Completed ☐ N/A (RFP #24-12)

Mendocino County Business License: Valid ☒

Exempt Pursuant to MCC Section: _____