

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 17-141**

This Amendment to BOS Agreement No. 17-141 is entered into this 20th day of May, 2018, 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, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 17-141 was entered into on November 14, 2017; and

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

WHEREAS, CONTRACTOR will provide residential care facilities offering a broad range of services to Behavioral Health and Recovery Services clients requiring a structured environment due to mental health challenges.

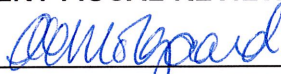
NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original BOS Agreement No. 17-141 will be changed from \$1,000,000 to \$1,115,840.

All other terms and conditions of BOS Agreement No. 17-141 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: 
Anne Molgaard, Acting HHSA Director
Date: 3/9/18

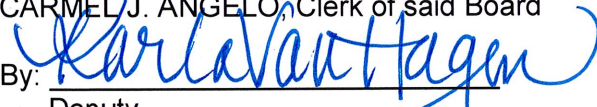
Budgeted: ☒ Yes ☐ No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHAS75
Grant: ☐ Yes ☒ No
Grant No.:

COUNTY OF MENDOCINO

By: 
DAN HAMBURG, Chair
BOARD OF SUPERVISORS
MAY 23 2018


ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: 
Deputy
MAY 23 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: 
Deputy
MAY 23 2018

INSURANCE REVIEW:

By: 
Risk Management

CONTRACTOR/COMPANY NAME

By: 
Signature
Printed Name: Jeff Payne
Title: ~~Chief Operating Officer~~ Exec. Dir
Date: 4-19-19

NAME AND ADDRESS OF CONTRACTOR:

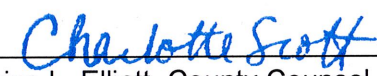
Willow Glen Care Center
1547 Plumas Ct.
Yuba City, CA 95991

530-751-9904; jpayne@wgcc.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: 
Katharine L. Elliott, County Counsel
Date: 3/12/18

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: 
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 ☒ 18-64

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: 501(c)3