

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENTS NOS. 17-084 and 17-084-A1**

This Amendment to BOS Agreements Nos. 17-084 and 17-084-A1 is entered into this 19TH day of JUNE, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Crestwood Behavioral Health, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 17-084 was entered into on August 15, 2017, and BOS Agreement No. 17-084-A1 was entered into on April 24, 2018; 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 the original BOS Agreements Nos. 17-084 and 17-084-A1, from \$428,449 to \$482,449; and

WHEREAS, COUNTY desires to retain CONTRACTOR for its Residential Care Facility for clients of Behavioral Health and Recovery Services.

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original BOS Agreements Nos. 17-084 and 17-084-A1 will be increased from \$428,449 to \$482,449.

All other terms and conditions of BOS Agreements Nos. 17-084 and 17-084-A1 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: *A. Molgaard*
Anne Molgaard, Acting HHSA Director

Date: 5/22/18

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*
DAN HAMBURG, Chair
BOARD OF SUPERVISORS

Date: JUN 20 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: *Karla Van Hagen*
Deputy
JUN 20 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: *Karla Van Hagen*
Deputy
JUN 20 2018

INSURANCE REVIEW:

By: *Carmel J. Angelo*
Risk Management

Date: 5-30-18

CONTRACTOR/COMPANY NAME

By: *See page 2a*
Gary Zeyen, Controller

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Crestwood Behavioral Health, Inc.
520 Capitol Mall, Suite 800
Sacramento, CA 95814
916-471-2244
gzeyen@cbhi.net

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:

KATHARINE L. ELLIOTT,
County Counsel

By: *Charlotte Scott*
Deputy

Date: 5/23/18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: *Jonelle Ravn*
Deputy CEO

Date: 5-30-18

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

Exception to Bid Process Required/Completed ☒ EB# 18-01

Mendocino County Business License: Valid ☒

Exempt Pursuant to MCC Section: _____

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: See page 2
Anne Molgaard, Acting HHSA Director

Date: _____

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHAS75

Grant: ☐ Yes ☒ No

Grant No.: _____

CONTRACTOR/COMPANY NAME

By: [Signature]
Gary Zeyen, Controller

Date: 6/1/18

NAME AND ADDRESS OF CONTRACTOR:

Crestwood Behavioral Health, Inc.
520 Capitol Mall, Suite 800
Sacramento, CA 95814
916-471-2244
gzeyen@cbhi.net

COUNTY OF MENDOCINO

By: _____
DAN HAMBURG, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

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

INSURANCE REVIEW:

By: _____
Risk Management

Date: _____

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:

KATHARINE L. ELLIOTT,
County Counsel

By: _____
Deputy

Date: _____

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO

Date: _____

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

Exception to Bid Process Required/Completed ☒ EB# 18-01

Mendocino County Business License: Valid ☒

Exempt Pursuant to MCC Section: _____