

**AMENDMENT TO
AGREEMENT NO. MH-18-002**

This Amendment to Agreement No. MH-18-002 is entered into this 4TH day of December, 2018, 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-18-002 was entered into on July 1, 2018; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and California Psychiatric Transitions, Inc., 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 original amount set out in the Agreement No. MH-18-002, from \$25,000 to \$310,250; and

WHEREAS, CONTRACTOR will provide residential treatment programs for adults with chronic mental illness.

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the original Agreement No. MH-18-002 will be changed from \$25,000 to \$310,250.

All other terms and conditions of Agreement No. MH-18-002 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: *A. Molgaard*
Anne Molgaard, Chief Operations Officer

Date: 9/27/18

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: *Georgeanne Croskey*
DAN HAMBURG, Chair *Georgeanne Croskey*
BOARD OF SUPERVISORS

Date: DEC 05 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: *Karla VautHagen*
Deputy

DEC 15 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 VautHagen*
Deputy

DEC 18 2018

INSURANCE REVIEW:

By: *Carmel J. Angelo*
Risk Management

Date: 10-2-18

CONTRACTOR/COMPANY NAME

By: *Aaron Stocking*
Aaron Stocking, Director

Date: 11.5.18

NAME AND ADDRESS OF CONTRACTOR:

California Psychiatric Transitions, Inc.

PO Box 339

Delhi, CA 95315

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: 9/28/18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: *Danore Gentle*
Deputy CEO

Date: 10/5/18

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

Exception to Bid Process Required/Completed ☒ _____

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Exception to BL