

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 18-088**

This Amendment to BOS Agreement No. 18-088 is entered into this 8th day of January, ~~2018~~ 2019, 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. 18-088 was entered into on June 20, 2018; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Crestwood Behavioral Health, 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 amount set out in the original BOS Agreement 18-088 from \$350,000 to \$491,449, an increase of \$141,449, to allow for continued services to current clients.

NOW, THEREFORE, we agree as follows:

1. The amount set out in the original BOS Agreement No. 18-088 will be increased from \$350,000 to \$491,449.

All other terms and conditions of BOS Agreement No. 18-088 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: AEMolgaard
Anne Molgaard, HHSA Chief Operations Officer

Date: 10/24/18

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
CARRE BRAUN DAN HAMBURG, Chair
BOARD OF SUPERVISORS

Date: JAN 10 2019

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: KARLEVANTHAGEN
Deputy JAN 10 2019

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: KARLEVANTHAGEN
Deputy JAN 10 2019

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 11/5/18

CONTRACTOR/COMPANY NAME

By: GARY ZEYEN
Gary Zeyen, Controller

Date: 12/4/18

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: 10/25/18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: DARICE ENTLE
Deputy CEO

Date: 11/10/18

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

Exception to Bid Process Required/Completed ☒ EB# 18-261

Mendocino County Business License: Valid ☒

Exempt Pursuant to MCC Section: _____