AMENDMENT TO BOARD OF SUPERVISORS AGREEMENT NO. 18-081

This Amendment to BOS Agreement No. 18-081 is entered into this day of 2019, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and Redwood Community Services Inc. DBA Redwood Community Crisis Center, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 18-081 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 Redwood Community Crisis Center, 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 of the BOS Agreement No. <u>18-081</u>; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to amend the Payment Terms of the BOS Agreement No. <u>18-081</u>; and

WHEREAS, CONTRACTOR will continue to provide 24/7 crisis response and outreach services.

NOW, THEREFORE, we agree as follows:

- 1. **Amount:** The amount of the BOS Agreement No. <u>18-081</u> will increase from \$66,542 to \$92,299.
- 2. **Payment Terms:** The Payment Terms, Exhibit B, set out in BOS Agreement No. 18-081 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of BOS Agreement No. <u>18-081</u> shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:	CONTRACTOR/COMPANY NAME
By: Fem Charolle	By: Dan Ah
Tammy Moss Chandler, HHSA Director	Dan Anderson, Chief Executive Officer
Date: 3/11/19	Date. 4/2/19
Dudwatadi Van DNa	NAME AND ADDRESS OF CONTRACTOR:
Budgeted: X Yes No Budget Unit: 4050	Redwood Community Crisis Center
Line Item: 86-2189	Neuwood Community Chais Center
Org/Object Code: MHAS92	350 E. Gobbi St.
Grant: ⊠ Yes □ No	
Grant No.:93.958	Ukiah, CA 95482
COUNTY OF MENDOCINO	
	By signing above, signatory warrants and
By:	represents that he/she executed this
CARRE BROWN, Chair	Agreement in his/her authorized capacity and
BOARD OF SUPERVISORS	that by his/her signature on this Agreement,
APR 2 4 2019	he/she or the entity upon behalf of which
Date:	he/she acted, executed this Agreement
ATTEST:	COUNTY COUNSEL REVIEW:
CARMEL J. ANGELO, Clerk of said Board	
- X () / R / R / A / A / A / A / A / A	APPROVED AS TO FORM:
By: The the last of the last o	KATHADINE I FILIOTT
Deputy APR 2 4 2019	KATHARINE L. ELLIOTT,
I hereby certify that according to the provisions of	County Counsel
Government Code section 25103, delivery of this	0.1
document has been made.	By: Charlotte Scott
doddinent has been made.	Deputy
CARMEL/J. ANGELO, Clerk of said Board	-
All I Colland Land	Date: 3 12 19
By: Killer ant tagen	
Deputy ADD 24 2010	
MIN 6 7 2019	EXECUTIVE OFFICE/FISCAL REVIEW:
INSURANCE REVIEW:	EXECUTIVE OFFICE/FISCAL REVIEW.
By: Chille V Anda	By: ACIOLINILE
Risk Management	Deputy CEO
Not Management	2000.9 020
Date: U[1]	Date: 3.21.19
Signatory Authority: \$0-25,000 Department; \$25,000	1- 50,000 Purchasing Agent: \$50,001+ Board of
Supervisors	. Designed a distincting angenty question and a di
Exception to Bid Process Required/Completed	
Mendocino County Business License: Valid	
Exempt Pursuant to MCC Section: 501(c)(3)	

EXHIBIT B

PAYMENT TERMS

- 1. COUNTY will pay CONTRACTOR:
- (i) 0.50 FTE Community Liaison as stated in Exhibit A\$28,150
- (ii) 0.41 FTE Regional Support Team Members (three) as stated in Exhibit A \$21,383 x 3 = \$64,149
- 2. CONTRACTOR will bill COUNTY on a monthly basis with an approved invoice. (Attachment 2)
- 3. Invoices are due by 10th of the month following month of services. Invoices not received within 30 days will not be paid.
- 4. Monthly invoices and summary of services will be sent to:

COUNTY OF MENDOCINO
Behavioral Health and Recovery Services
1120 S. Dora Street
Ukiah, CA 95482
Attn: Jenine Miller

Payments under this Agreement shall not exceed Ninety-Two Thousand Two Hundred Ninety-Nine Dollars (\$92,299) for the term of this Agreement.

[END OF PAYMENT TERMS]