

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 18-135**

This Amendment to BOS Agreement No. 18-135 is entered into this 23rd day of April, 2019, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and North Coast Opportunities, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 18-135 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 North Coast Opportunities, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY increase the amount of BOS Agreement No. 18-135; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to amend the Payment Terms, Exhibit B, of the BOS Agreement No. 18-135; and

WHEREAS, CONTRACTOR will provide Child Care Navigation services and Trauma Informed Care trainings.

NOW, THEREFORE, we agree as follows:

1. **Amount of Agreement:** The amount set out in the BOS Agreement No. 18-135 will be increased from \$58,443 to \$91,991.
2. **Payment Terms:** The Payment Terms, Exhibit B, set out in the BOS Agreement No. 18-135 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of BOS Agreement No. 18-135 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Tammy Moss Chandler
Tammy Moss Chandler, HHSA Director

Date: 3/10/19

Budgeted: ☐ Yes ☒ No

Budget Unit: 5010

Line Item: 86-3118

Org/Object Code: SSOT 86-3118

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: Carre Brown
CARRE BROWN, Chair
BOARD OF SUPERVISORS

Date: APR 24 2019

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Karla Van Hagen
Deputy

APR 24 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: Karla Van Hagen
Deputy

APR 24 2019

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 3-25-19

CONTRACTOR/COMPANY NAME

By: Patty Bruder
Patty Bruder, Executive Director

Date: 3/27/19

NAME AND ADDRESS OF CONTRACTOR:

North Coast Opportunities

413 N. State St.

Ukiah, CA 95482

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: 3/12/19

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Cantle
Deputy CEO

Date: 3-25-19

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

Exception to Bid Process Required/Completed ☒ _____

Exempt Pursuant to MCC Section: 501(c)(3) _____

EXHIBIT B

PAYMENT TERMS

COUNTY will pay CONTRACTOR as per the following instructions:

1. Child Care Navigation: Costs to provide child care navigation not to exceed a total of \$66,424.
2. Trauma-Informed Care Training: Costs to provide trauma-informed care training not to exceed a total of \$25,567.
3. Invoices shall be submitted by the 10th of each month itemizing the actual monthly costs incurred providing child care navigation and trauma-informed care training; indirect costs are not permitted under this program.
4. These funds will be claimed up to but not exceeding the amount of the allocation received by the COUNTY.
5. Unspent funds in either category (child care navigation and trauma-informed care training) shall not be used to subsidize funding in the other category or the emergency child care vouchers.
6. Funding in each of the categories will be used until exhausted.
7. Data identified in Exhibit A Section I, 3, of the CONTRACTOR duties shall be submitted monthly to the COUNTY by the 10th of each month with the monthly billing invoice to:

HHSA/ Family & Children's Services
Attn: Randy Colson
P.O. Box 839
Ukiah, CA 95482

Payments under this Agreement shall not exceed Ninety-One Thousand Nine Hundred Ninety-One Dollars (\$91,991) for the term of this Agreement.

[END OF PAYMENT TERMS]