

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. BOS-22-123**

This Amendment to BOS Agreement No. BOS-22-123 is entered into this 9th day of May, 2023, 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, BOS Agreement No. BOS-22-123 was entered into on July 1, 2022; 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 BOS Agreement No. BOS-22-123, from \$83,000 to \$193,000.

NOW, THEREFORE, we agree as follows:

1. The amount set out in BOS Agreement No. BOS-22-123 is hereby increased from \$83,000 to \$193,000.

All other terms and conditions of BOS Agreement No. BOS-22-123 shall remain in full force and effect.

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
Jerine Miller, Psy.D., BHRS Director

Date: 3/29/23

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHMH75

Grant: ☐ Yes ☒ No

Grant No.:

**COUNTY OF MENDOCINO**

By:   
GLENN MCGOURTY, Chair  
BOARD OF SUPERVISORS

Date: 05/09/2023

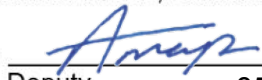
**ATTEST:**

DARCIE ANTLE, Clerk of said Board

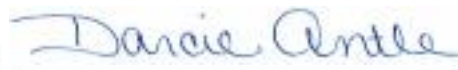
By:   
Deputy 05/09/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By:   
Deputy 05/09/2023

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 03/27/2023

**CONTRACTOR/COMPANY NAME**

By:   
Aaron Stocking, Director

Date: 3/30/2023

**NAME AND ADDRESS OF CONTRACTOR:**

California Psychiatric Transitions, Inc.  
9234 Hilton Ave.  
P.O. Box 339  
Delhi, CA 95315  
209-662-5364  
astocking@cptmhrc.com

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:

CHRISTIAN M. CURTIS,  
County Counsel

By:   
Deputy

Date: 03/27/2023

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 03/27/2023

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

**Exception to Bid Process Required/Completed** ☒ EB# 23-91

**Mendocino County Business License: Valid** ☐

**Exempt Pursuant to MCC Section:** Located outside Mendocino County \_\_\_\_\_