

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 19-205**

This Amendment to BOS Agreement No. 19-205 is entered into this 7th day of April, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Psynergy Programs, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 19-205 was entered into on July 1, 2019; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and **Psynergy Programs, 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 BOS Agreement No. 19-205; and

WHEREAS, CONTRACTOR shall continue to provide residential care for Behavioral Health and Recovery Services clients.

NOW, THEREFORE, we agree as follows:

1. **Amount:** The amount set out in the original BOS Agreement No. 19-205 will be increased from \$170,000 to \$270,000.

All other terms and conditions of BOS Agreement No. 19-205 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature] Psy.D.
Jenine Miller, Psy.D., HHSA Assistant
Director/ Behavioral Health Director

Date: 2/13/20

Budgeted: ☐ Yes ☒ No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHMS75
Grant: ☐ Yes ☒ No
Grant No.:

COUNTY OF MENDOCINO

By: [Signature]
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: APR 09 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy APR 09 2020

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: [Signature]
Deputy APR 09 2020

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 2/21/2020

CONTRACTOR/COMPANY NAME

By: [Signature]
Arturo Uribe, LCSW

Date: 3/3/20

NAME AND ADDRESS OF CONTRACTOR:

Psynergy Programs, Inc.
18225 Hale Ave.

Morgan Hill, CA 95037
408-465-8280; lkaufmann@psynergy.org

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,
Acting County Counsel

By: [Signature]
Deputy

Date: 2/21/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO

Date: 2/21/2020

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ 20-88
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: out of county contractor