

AGREEMENT NO. PH-19-057

**THIRD AMENDMENT TO COUNTY OF MENDOCINO
STANDARD SERVICES AGREEMENT NO. PH-19-024**

This Third Amendment to Agreement No. PH-19-024 is entered into this 4 day of March, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Noemi (Mimi) Doohan, M.D., Ph.D.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. PH-19-024 was entered into on August 15, 2019; and

WHEREAS, the First Amendment, PH-19-024-A1, to Agreement No. PH-19-024 was entered into on September 18, 2019; and

WHEREAS, the Second Amendment, BOS Agreement No. 19-261, to Agreement No. PH-19-024 was entered into on December 10, 2019; and

WHEREAS, upon execution of this document by the County of Mendocino 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 replace Exhibit B as set out in the Second Amendment, BOS Agreement No. 19-261; and

WHEREAS, COUNTY desires to retain CONTRACTOR for services provided as the County's Health Officer.

NOW, THEREFORE, we agree as follows:

1. **Payment Terms:** The Payment Terms, Exhibit B, set out in the Second Amendment, BOS Agreement No. 19-261, to Agreement No. PH-19-024, has been altered and a new Exhibit B is attached herein.

All other terms and conditions of original Agreement No. PH-19-024, First Amendment, Agreement No. PH-19-024-A1, and Second Amendment, BOS Agreement No. 19-261, shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Tammy Moss Chandler
Tammy Moss Chandler, HHSA Director

Date: 3/4/2020

Budgeted: ☒ Yes ☐ No

Budget Unit: 4010

Line Item: 86-2189

Org/Object Code: PHEPI

Grant: ☐ Yes ☒ No

Grant No.:

INSURANCE REVIEW:

By: Carmel J. Ayala
Risk Management

Date: 3/3/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle
Deputy CEO

Date: 3/3/2020

CONTRACTOR/COMPANY NAME

By: Noemi Doohan, M.D., Ph.D.

Date: 3/4/20

NAME AND ADDRESS OF CONTRACTOR:

Noemi Doohan, M.D., Ph.D.
780 Walnut Avenue
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:

CHRISTIAN M. CURTIS,
Acting County Counsel

By: Charlotte Scott
Deputy

Date: 3/3/2020

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

Exception to Bid Process Required/Completed ☒ EB # 20-47

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____

EXHIBIT B

PAYMENT TERMS

A. COUNTY will pay CONTRACTOR:

1. Two hundred fifty dollars (\$250) per week for the weeks that CONTRACTOR is on-call, as described in Exhibit A.
2. One hundred twenty-five dollars (\$125) per hour for services as outlined in Exhibit A.
3. The standard IRS rate for mileage reimbursement for provision of services described in Exhibit A.
4. Reimbursement for actual costs of other approved travel expenses, including:
 - a. Hotel and food costs at the standard per diem rate.
 - b. Training and/or meeting fees.
5. Reimbursement for health insurance premium or other necessary insurance payments as approved by the Health and Human Services Agency Director or designee.

B. CONTRACTOR will submit invoices and original receipts for travel expenses to:

Mendocino County
HHS: Public Health
1120 South Dora St.
Ukiah, CA 95482
Attn: Mary Alice Willeford

Payments under this Agreement will not exceed One Hundred Twenty-Five Thousand Dollars (\$125,000) for the term of this Agreement.

END OF PAYMENT TERMS]