

BOS AGREEMENT NO. 19-201-A1

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 19-201**

This Amendment to BOS Agreement No. 19-201 is entered into this 10th day of June, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Telecare Corporation**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 19-201 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 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 original BOS Agreement No. 19-201 from \$93,000 to \$97,000; and

WHEREAS, CONTRACTOR will continue to provide skilled nursing facility services as outlined in original BOS Agreement No. 19-201.

NOW, THEREFORE, we agree as follows:

1. The amount set out in original BOS Agreement No. 19-201 will be increased from \$93,000 to \$97,000.

All other terms and conditions of BOS Agreement No. 19-201 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: 2/25/20

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: JUN 11 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]
Deputy JUN 11 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 JUN 11 2020

INSURANCE REVIEW:

By: [Signature]
Risk Management
Date: 5/5/2020

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ 20-106
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: _____

CONTRACTOR/COMPANY NAME

By: [Signature]
Faith Richie, Sr. VP of Development
Date: 5-15-20

NAME AND ADDRESS OF CONTRACTOR:

Telecare Corporation
1080 Marina Village Parkway, Suite 100
Alameda, CA 94501
510-337-7950 x 1197
dmunoz@telecarecorp.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,
Acting County Counsel

By: [Signature]
Deputy

Date: 5/5/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO
Date: 5/5/2020