

BOS AGREEMENT NO. _____

**SECOND AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 19-204 AND
BOARD OF SUPERVISORS AMENDMENT NO. 19-204-A1**

This second Amendment to BOS Agreement No. 19-204 is entered into this _____ day of _____, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Davis Guest Home**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 19-204 was entered into on July 1, 2019; and

WHEREAS, BOS Amendment No. 19-204-A1 was entered into on March 24, 2020; 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 Amendment No. 19-204-A1 from \$157,500 to \$158,930; and

WHEREAS, CONTRACTOR shall continue providing residential treatment services for Behavioral Health and Recovery Services clients.

NOW, THEREFORE, we agree as follows:

1. **Amount:** The amount set out in BOS Amendment No. 19-204-A1 will be increased from \$157,500 to \$158,930.

All other terms and conditions of BOS Agreement No. 19-204 and BOS Amendment No. 19-204-A1 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

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

Date: 6/15/20

Budgeted: ☐ Yes ☒ No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHMS75

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

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: _____
Deputy

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 06/29/2020

CONTRACTOR/COMPANY NAME

By: [Signature]
Lonny Davis, Owner

Date: 7/1/2020

NAME AND ADDRESS OF CONTRACTOR:

Davis Guest Home

1878 E. Hatch Rd

Modesto, CA 95351

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: [Signature]
Deputy

Date: 6/29/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO

Date: 06/29/2020

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

Exception to Bid Process Required/Completed ☒ _____

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: Out of County Contractor