

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. BOS-19-133**

This Amendment to BOS Agreement No. BOS-19-133 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 the Department of State Hospitals, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 19-133 was entered into on May 1, 2019; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and the Department of State Hospitals, 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 dollar amount set out in the original BOS Agreement No. 19-133, from \$898,828.00 to \$1,250,359.00; and

NOW, THEREFORE, we agree as follows:

1. **Amount of agreement:** The amount set out in the original Agreement No. BOS-19-133 will be changed from \$898,828.00 to \$1,250,359.00 with the addition of \$351,531.00.
2. Exhibit B, Budget Detail and Payment Provisions, 5.A. Budget Detail, is revised as follows:
 - A. The maximum amount of this Agreement shall not exceed \$1,250,359.00
3. Exhibit B, Attachment 1, Sample Invoice "Reimbursement for New Patient Inmate Admissions" is revised to replace (not to Exceed 15 Admissions Annually) with (not to Exceed Budget).

All other terms and conditions of BOS Agreement No. 19-133 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

03/26/2021
DEPARTMENT HEAD _____ DATE
Budgeted: ☒ Yes ☐ No
Budget Unit: 2510
Line Item: JA - 825490
Grant: ☐ Yes ☒ No
Grant No.: n/a

CONTRACTOR/COMPANY NAME:

By: Paul Bernal (see page 4)

NAME AND ADDRESS OF CONTRACTOR:

Department of State Hospitals (DSH)
1600 9th Street, Room 101
Sacramento, CA 95814

Attn: Selene Mujica
Ph: 916-651-7913
Em: selene.mujica@dsh.ca.gov

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 OF MENDOCINO

By: _____
DAN GJERDE, Chair
BOARD OF SUPERVISORS

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: Carmel J. Angelo
Risk Management

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: Vanille Rau
Deputy CEO

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

Brina Blanton
By: _____
Deputy

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

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

<input type="checkbox"/> CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	PAGES	AGREEMENT NUMBER 18-79009-000	AMENDMENT NUMBER A1	Purchasing Authority Number
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1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of State Hospitals (DSH)

CONTRACTOR NAME

Mendocino County Sheriff's Office

2. The term of this Agreement is:

START DATE

May 1, 2019

THROUGH END DATE

April 30, 2021

3. The maximum amount of this Agreement after this Amendment is:

\$1,250,359.00

One Million Two Hundred Fifty Thousand Three Hundred Fifty Nine Dollars and Zero Cents

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

A. This amendment increases the Agreement's dollar amount of \$898,828.00 by \$351,531.00.

The total maximum amount of this Agreement shall now be \$1,250,359.00.

B. Exhibit B, Budget Detail and Payment Provisions, S. A. Budget Detail, is revised as follows:

A. The maximum amount of this Agreement shall not exceed \$1,250,359.00.

C. Exhibit B, Attachment 1, Sample Invoice "Reimbursement for New Patient Inmate

Admissions" is revised to replace (not to Exceed 15 Admissions Annually) with (not to Exceed Budget).

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

Mendocino County Sheriff's Office

CONTRACTOR BUSINESS ADDRESS

951 Low Gap Road

CITY

Ukiah

STATE

CA

ZIP

95482

PRINTED NAME OF PERSON SIGNING

Dan Gjerde

TITLE

Chair, County of Mendocino Board of Supervisors

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ PAGES

AGREEMENT NUMBER

18-79009-000

AMENDMENT NUMBER

A1

Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of State Hospitals

CONTRACTING AGENCY ADDRESS

1600 9th Street, Room 101

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Paul Bernal

TITLE

Manager, PCSS

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)