

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 21-010**

This Amendment to BOS Agreement No. 21-010 is entered into this 6TH day of APRIL, 2021, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Community Services**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 21-010 was entered into on September 1, 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 the original BOS Agreement No. 21-010 from \$149,835 to \$180,034.39; and

WHERE, it is the desire of CONTRACTOR and COUNTY to replace the Exhibit B set out in the original BOS Agreement No. 21-010; and

WHEREAS, CONTRACTOR shall receive additional funding to support the COVID-19 outbreak at the Building Bridges Homeless Resource Center.

NOW, THEREFORE, we agree as follows:

1. The amount set out in the original BOS Agreement No. 21-010 shall be increased from \$149,835 to \$180,034.39.
2. The Payment Terms, Exhibit B, set out in the original BOS Agreement No. 21-010 has been altered and a new Exhibit B is attached herein.

All other terms and conditions of BOS Agreement No. 21-010 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:

Mary Alice Willford
Mary Alice Willford, HHSA Assistant Director

Date: 3-17-21

Budgeted: ☐ Yes ☒ No

Budget Unit: 0446

Line Item: 86-2189

Org Code: VRES39

Grant: ☒ Yes ☐ No

Grant No.: 20-ESGCV1-00039

COUNTY OF MENDOCINO

By: DAN GJERDE
DAN GJERDE, Chair
BOARD OF SUPERVISORS
APR 06 2021

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Lindsey Daugherty
Deputy
APR 06 2021

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: Lindsey Daugherty
Deputy
APR 06 2021

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

CONTRACTOR/COMPANY NAME:

By: Victoria Kelly
Victoria Kelly, Chief Executive Officer

Date: 3/19/2021

NAME AND ADDRESS OF CONTRACTOR:

Redwood Community Services
631 S. Orchard Ave.
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,
County Counsel

By: Charlotte Scott
Deputy

EXECUTIVE OFFICE/FISCAL REVIEW:

APPROVAL RECOMMENDED

By: Darcie Antle
Deputy CEO

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB 21-145
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: _____

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

A	PERSONNEL SALARIES AND BENEFITS: Peer Support Counselor (Sept/Oct 8.4 FTE, Nov/Dec 6.0 FTE) \$ 108,326.00 LVN Case Manager (Sept 1.0 FTE, Oct-Dec 0.5 FTE) \$ 15,583.00 (Amendment: Isolation and Quarantine Personnel Costs \$ 20,100.41)	\$ 144,009.41
B	OPERATING EXPENSES: Utilities, insurance, maintenance supplies, equipment, facility, office supplies, transportation (Amendment: \$ 6,586.82)	\$ 12,891.82
C	TRAVEL EXPENSES:	\$ 0.00
D	OTHER COSTS: Hygiene/sanitation supplies, hotel vouchers for families w/ children, food, transportation, and client household supplies (Amendment: \$ 766.76)	\$ 6,766.76
E	INDIRECT COSTS: Original Amount: \$ 13,621.00 (Amendment Amount: \$ 2,745.40)	\$ 16,366.40
	CONTRACT TOTAL	\$ 180,034.39

II. Submission of claims and reports will comply as follows:

A. CONTRACTOR will submit monthly invoices and receipts to the HHSA HOME Team:

Program Administrator or Designee
HHSA HOME Team
737 S. State Street
Ukiah, CA 95482

- B. Original receipts and invoices for actual costs will need to be provided for reimbursement.
- C. Invoices submitted past the due date must be accompanied by a letter explaining why the invoice is late. COUNTY has the sole authority to determine whether to approve or disapprove payment of late invoice.
- D. COUNTY will not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.
- E. Line item budget shifts up to ten percent (10%) do not require COUNTY approval. Line item budget shifts greater than ten percent (10%) require a pre-approval email from the Program Administrator or designee.

III. Services and payments under this Agreement shall not exceed One Hundred Eighty Thousand Thirty-Four Dollars and Thirty-Nine Cents (\$180,034.39).

[END OF PAYMENT TERMS]