AMENDMENT TO STANDARD SERVICES AGREEMENT NO. MH-20-026

This Amendment to Agreement No. MH-20-026 is entered into this <u>25™</u> day of <u>MAY</u>, 2021, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and I.D.E.A. Consulting, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. MH-20-026 was entered into on July 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 extend the termination date set out in Agreement No. MH-20-026, from December 31, 2020 to June 30, 2021; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in Agreement No. MH-20-026, from \$10,625 to \$21,875; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to revise the Exhibit B, Payment Terms to include pay to CONTRACTOR for the extended term; and

WHEREAS, CONTRACTOR will continue to provide consultation services for the Mental Health Services Act (MHSA) 3-year plan, innovation projects, Prevention and Early Intervention (PEI) regulation compliance, and other MHSA related services.

NOW, THEREFORE, we agree as follows:

- 1. The termination date set out in Agreement No. MH-20-026 will be extended from December 31, 2020 to June 30, 2021.
- 2. The amount set out in Agreement No. MH-20-026 will be increased from \$10,625 to \$21,875.
- 3. The Exhibit B, Payment Terms has been altered and a new Exhibit B is attached herein.

All other terms and conditions of Agreement No. MH-20-026 shall remain in full force and effect.

IN WITNESS WHEREOF

Date: Budgeted: ☑ Yes ☐ No Budget Unit: 4051 Line Item: 86-2189 Org/Object Code: MAPEI Grant: ☐ Yes ☒ No Grant No.: COUNTY OF MENDOCINO By: ☐ DAN GJERDE, Chair ☐ BOARD OF SUPERVISORS Date: MAY 2 7 2021 By: ☐ Deputy MAY 2 7 2021 CHRIST: CARMEL J. ANGELO, Clerk of said Board By: ☐ Deputy MAY 2 7 2021 CHRIST: COUNTY OF MENDOCINO By sig repress Agree that by he/she he/she he/she he/she COUNTED COUNTY CHRIST: COUNTY C	ncy/Callahan, Director
Date:	
Date: Date:	icy/Callalian, Director
Date:	
Budgeted: Yes No Budget Unit: 4051 Line Item: 86-2189 Org/Object Code: MAPEI Grant: Yes No Grant No.: COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 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: Deputy MAY 2 7 2021 INSURANCE REVIEW: EXEC	5 May 2021
Budgeted: Yes No Budget Unit: 4051 Line Item: 86-2189 Org/Object Code: MAPEI Grant: Yes No Grant No.: COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 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: Deputy MAY 2 7 2021 INSURANCE REVIEW: EXEC	AND ADDRESS OF CONTRACTOR
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Org/Object Code: MAPEI Grant: Yes No Grant No.: COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 2021 CHRIS Count COUNTY CHRIS Count COUNTY CHRIS CO	lameda Avenue
Grant: Yes No Grant No.: COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 2021 CHRIS Count 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 MAY 2 7 2021 INSURANCE REVIEW: EXEC	CA 95616-3006
Grant No.: COUNTY OF MENDOCINO By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 2021 CHRIS Count 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 MAY 2 7 2021 INSURANCE REVIEW: EXEC	8-8815
By sig represents that by she	nan.idea@gmail.com
By: DAN GJERDE, Chair Agree that by he/she be/she b	iama ca aggmanicom
By: DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy NAY 2 7 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: Deputy MAY 2 7 2021 INSURANCE REVIEW: repres Agree that by he/she he/sh	ning above, signatory warrants and
DAN GJERDE, Chair BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 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: Deputy MAY 2 7 2021 INSURANCE REVIEW: EXEC	ents that he/she executed this
BOARD OF SUPERVISORS Date: MAY 2 7 2021 ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 2021 CHRIST Count 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 MAY 2 7 2021 INSURANCE REVIEW: EXEC	nent in his/her authorized capacity an
ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 2021 CHRIS Count 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 MAY 2 7 2021 INSURANCE REVIEW: EXEC	his/her signature on this Agreement,
ATTEST: CARMEL J. ANGELO, Clerk of said Board By: Deputy MAY 2 7 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: Deputy MAY 2 7 2021 INSURANCE REVIEW: EXEC	or the entity upon behalf of which
By:	acted, executed this Agreement
By:	TY COUNSEL REVIEW:
By:	
Deputy MAY 2 7 2021 Christ Count 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 MAY 2 7 2021 INSURANCE REVIEW: EXEC	OVED AS TO FORM:
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:	TIAN M. CURTIS,
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:	Counsel
Government Code section 25103, delivery of this document has been made. CARMEL J. ANGELO, Clerk of said Board By:	
document has been made. CARMEL J. ANGELO, Clerk of said Board By:	Charlotte Scott
CARMEL J. ANGELO, Clerk of said Board By:	
By: MAY 2 7 2021 INSURANCE REVIEW: EXEC	outy
By: MAY 2 7 2021 INSURANCE REVIEW: EXEC	
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Risk Management De	puty CEO
04/28/2021	
Date: Date:	04/28/2021
Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purch	

EXHIBIT B

PAYMENT TERMS

- I. COUNTY will pay CONTRACTOR as per the following instructions:
 - A. COUNTY will pay CONTRACTOR at the rate of One Hundred Dollars (\$100) per hour, not to exceed One Thousand Seven Hundred Seventy Dollars and Eighty-Three Cents (\$1,770.83) per month, for services outlined in Exhibit A, Definition of Services for the months of July, 2020 through December 2020.
 - B. COUNTY will pay CONTRACTOR at the rate of One Hundred Dollars (\$100) per hour, not to exceed One Thousand Eight Hundred Seventy-Five Dollars and Zero Cents (\$1,875.00) per month, for services outlined in Exhibit A, Definition of Services, for the months of January, 2021 through June 2021.
 - C. CONTRACTOR shall invoice the COUNTY for services outlined in Exhibit A, Definition of Services, by submitting a detailed invoice (Attachment 2) to the COUNTY on a monthly basis.
 - D. Invoices are due by the tenth (10th) of the month following the provision of services. Invoices not received within thirty (30) days will not be paid.
 - E. CONTRACTOR will submit invoices to:

Mendocino County BHRS 1120 S. Dora Street Ukiah, CA 95482 Attn: Jenine Miller

II. The total amount of the Agreement shall not exceed Ten Thousand Six Hundred Twenty-Five Dollars (\$10,625) for the term of the Agreement.

[END OF PAYMENT TERMS]