

BOS AGREEMENT NO. _____

Original Agreement No.	BOS 25-192
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**FIRST AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS 25-192**

This First Amendment to Agreement No. BOS 25-192 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **REDWOOD COMMUNITY SERVICES INC**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, on 12/16/25, the Board approved Agreement No. BOS 25-192 with a term from 7/1/24 through 6/30/26 (the "Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this document will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date from June 30, 2026, to December 31, 2026.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Agreement is hereby extended from June 30, 2026, to December 31, 2026.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Darcie Antle
DEPARTMENT HEAD

Date: 06/11/2026

Budgeted: Yes
Budget Unit: 4052
Line Item: 824200
Org/Object Code:
Grant: No
Grant No.: N/A

COUNTY OF MENDOCINO

By: _____
BERNIE NORVELL, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

DARCIE ANTLE, 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.

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

By: Darcie Antle
Risk Management

Date: 06/11/2026

CONTRACTOR/COMPANY NAME

Signed by:
By: Victoria Kelly
37E085246610457...
SIGNATURE

Date: 6/11/2026

NAME AND ADDRESS OF CONTRACTOR:

Redwood Community Services Inc
931 South Orchard
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:

By: [Signature]
COUNTY COUNSEL

Date: 06/11/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 06/11/2026

Signatory Authority: \$0-25,000 Department; \$25,001-\$75,000 Purchasing Agent; \$75,001+ Board of Supervisors