

BOS AGREEMENT NO. 26-003

AMENDMENT #1

Original Agreement	PA-26-49 MH-25-044
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. PA-26-49, MH-25-044**

This Amendment to Agreement No. PA-26-49, MH-25-044 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Foothill Heights Care Center, LLC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA-26-49, MH-25-044 was entered into on July 1, 2025 (the "Initial Agreement"); and

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

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$70,000 from \$45,000 to \$115,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$70,000 from \$45,000 to \$115,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 

Jenine Miller, Psy.D.
Director of Health Services

Date: 12/1/25

Budgeted: No

Budget Unit: 4050

Line Item: 86-3162

Org/Object Code: MHMS75

Grant: No

Grant No.: N/A

COUNTY OF MENDOCINO

By: 

JOHN HASSAK, Chair Bernie Norvell
BOARD OF SUPERVISORS

Date: 02/03/2026

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 

Deputy Amaya 02/03/2026

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 Amaya 02/03/2026

INSURANCE REVIEW:

By: 

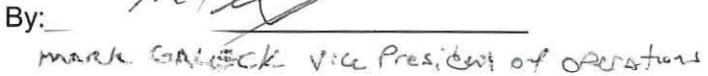
Risk Management

Date: 11/24/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed EB# 26-46
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: N/A

CONTRACTOR/COMPANY NAME



By: 
Mark Gallock Vice President of Operations

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Foothill Heights Care Center, LLC.
1515 N. Fair Oaks Ave
Pasadena, CA 91103
323-934-8160
administrator@foothillops.com

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: 

COUNTY COUNSEL

Date: 11/24/2025

EXECUTIVE OFFICE/FISCAL REVIEW:



By: 
Deputy CEO or Designee

Date: 11/24/2025