

AMENDMENT #1

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| Original Agreement | BOS-25-095 |
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-095**

This Amendment to Agreement No. BOS-25-095 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **WILLOW GLEN CARE CENTER, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-095 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 \$250,000 from \$500,000 to \$750,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$250,000 from \$500,000 to \$750,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D.
Director of Health Services

Date: 11/19/25

Budgeted: No
Budget Unit: 4050
Line Item: 86-3162
Org/Object Code: MHMS75
Grant: No
Grant No.: N/A

COUNTY OF MENDOCINO

By: [Signature]
~~JOHN HASCHAK~~, Chair Bernie Norvell
BOARD OF SUPERVISORS

Date: 02/03/2026

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 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: [Signature]
Deputy 02/03/2026

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 10/28/2025

CONTRACTOR/COMPANY NAME

By: [Signature]
Jeff Payne, Executive Director

Date: 11/19/25

NAME AND ADDRESS OF CONTRACTOR:

WILLOW GLEN CARE CENTER, INC.
1547 Plumas Court
Yuba City, CA 95991
530-751-9904
ipayne@hmcg.us

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: 10/28/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 10/28/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☒ **EB-23-74**
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside of Mendocino County