

BOS Agreement Number: _____

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT # 10-193**

This 2nd Amendment to Board of Supervisors Agreement No. 10-193 is entered into this _____ day of _____, 2011 by and between the County of Mendocino, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Ukiah Community Center, Inc.**, hereinafter referred to as "CONTRACTOR."

WHEREAS, the Board of Supervisors approved the original agreement #10-193 on November 9, 2010; and

WHEREAS, a non board Amendment #1 No. 10-193A approved on January 6, 2011 decreasing total agreement amount by \$36,524 and amending Exhibit A and Exhibit B:

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to increase the case management allocation by \$5,117 for direct Wraparound Services to clients,

NOW THEREFORE, we agree as follows:

Amount of agreement:	Original amount	\$91,390
	Non Board Amendment #1	-\$36,524
	This amendment #2	+ \$ 5,117
	New total	<u>\$59,983</u>

Payment Terms: Annual allocation for Wraparound Services increased by \$5,117. Revised Payment terms Exhibit B attached.

Expected outcome of amendment: Allows Case Manager to spend an additional \$5,117 during the term of this agreement on direct Wraparound Services for homeless clients with co-occurring substance abuse and mental health disorders.

All other terms and conditions of Board of Supervisors Agreement # 10-193 are to remain in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

COUNTY OF MENDOCINO

By _____
Kendall Smith, Chair and/or
John McCowen, Vice Chair
Board of Supervisors

Date: _____

ATTEST:

CARMEL J. ANGELO, 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.

CARMEL J. ANGELO, Clerk of said Board

By _____
Deputy

Date :

HEALTH AND HUMAN SERVICES AGENCY

By _____
STACEY CRYER, HHSA Director

Date: _____

Budgeted: ☒ Yes ☐ No

Budget Unit: 0494

Line Item (Acct String): 86-3119

Org/Object Code: WV

Grant: ☒ Yes ☐ No

Grant No.: TI020570

INSURANCE REVIEW:

RISK MANAGER

By _____
KRISTIN McMENOMEY, Director
General Services Agency

Date: _____

CONTRACTOR/COMPANY NAME

By _____
Signature

Printed Name: _____

Title: _____

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Ukiah Community Center, Inc.
888 N. State Street
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:

JEANINE B. NADEL, County Counsel

By _____

Date: _____

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By _____
Carmel J Angelo, Chief Executive Officer

Date: _____

Fiscal Review:

By: _____
Deputy CEO/Fiscal Date

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**

Exception to Bid Process Required/Completed ☒ Exception #: 10-144

PAYMENT TERMS

	Annually
1. Salary for one (1) F.T.E. Case Manager to be paid as invoiced each month up to an annual total of: Invoice Required (See Attachment 2 of original agreement)	\$43,333
2. Wraparound Services, as expensed monthly, up to an annual total of: Report #1 Required (See Attachment 2 of original agreement)	\$10,950
3. Mileage reimbursement as expensed for use of personal vehicle in conjunction with identified grant-related travel @ .50 cents per mile up to an annual total of: Report #2 Required (See Attachment 2 of original agreement)	\$ 810
4. Incentive Cards expensed up to an annual total of: No report required.	\$ 4,890

MAXIMUM ALLOWABLE AMOUNT	\$59,983
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