

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ PAGES

AGREEMENT NUMBER

19MHSOAC083

AMENDMENT NUMBER

3

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME

County of Yolo

2. The term of this Agreement is:

START DATE

October 1, 2020

THROUGH END DATE

December 31, 2026

3. The maximum amount of this Agreement after this Amendment is:

\$5,079,602.00 (Five million seventy-nine thousand six hundred two dollars and no cents)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment 3:

- Amends Exhibit A and Exhibit B
- Extends the contract end date from September 30, 2025 to December 31, 2026
- Adds funds

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strike-through.

The following Exhibits are attached and hereby incorporated and made part of this Agreement:

- Exhibit A Scope of Work
- Exhibit B Budget Detail and Payment Provisions

*All other terms and conditions shall remain the same.***IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.****CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of Yolo

CONTRACTOR BUSINESS ADDRESS

137 N. Cottonwood Street

CITY

Woodland

STATE

CA

ZIP

95695

PRINTED NAME OF PERSON SIGNING

Angel Barajas

TITLE

Chair, Board of Supervisors

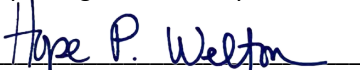
CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

Approved as to Form:

Philip J. Pogledich, County Counsel

By



Hope P. Welton, Senior Deputy

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Purchasing Authority Number

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS

1812 9th Street

CITY

Sacramento

STATE

CA

ZIP

95811

PRINTED NAME OF PERSON SIGNING

Norma Pate

TITLE

Deputy Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)

WIC 5897(f)