AMENDMENT NO. 2 TO THE AGREEMENT BETWEEN THE COUNTY OF LAKE AND CLOVER VALLEY GUEST HOME FOR ADULT RESIDENTIAL SUPPORT SERVICES FOR FISCAL YEAR 2018-19

This Amendment No. 2 to Agreement is made and entered into this 20th day of March, 2019 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as "County") and Clover Valley Guest Home (hereinafter referred to as "Contractor").

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2018 under which Contractor will provide Adult Residential Support Services to County; and

WHEREAS, due to increased utilization, the parties first amended the Agreement on or about January 15, 2019; and

WHEREAS, due to an additional placement at this facility and in order to fund services through the end of the Fiscal Year, the parties desire to amend the Agreement a second time to further increase the total compensation payable under the Agreement by $9,120 for a new contract maximum of $101,520.

NOW, THEREFORE, the parties hereby agree as follows:

Section 3 – COMPENSATION is hereby amended to read as follows:

"**COMPENSATION**". Contractor has been selected by County to provide the services described hereunder in **Exhibit A**. titled "**Scope of Services**". Compensation to Contractor shall not exceed **One Hundred One Thousand Five Hundred Twenty Dollars ($101,520)**.

The County shall compensate Contractor for services rendered, in accordance with the provisions set forth in **Exhibit B,** titled "**Fiscal Provisions**" attached hereto and incorporated herein. Provided that Contractor is not in default under any provisions of this Agreement."

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The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE

Chair, Board of Supervisors
Date: _____

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel
By: _____
Date: 5-19-19

CLOVER VALLEY GUEST HOME

Arlene Wing, Owner
Date: _____

ATTEST:
CAROL J. HUCHINGSON
Clerk to the Board of Supervisors
By: _____
Date: _____

The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE

_____
Chair, Board of Supervisors
Date: _____

CLOVER VALLEY GUEST HOME

_____
Arlene Wing, Owner
Date: _____

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel
By: _____
Date: _____

ATTEST:
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