

**Amendment No. 1 TO THE AGREEMENT BETWEEN COUNTY OF LAKE AND
MANZANITA HOUSE FOR ADULT RESIDENTIAL SUPPORT SERVICES AND
SPECIALTY MENTAL HEALTH SERVICES FOR FISCAL YEAR 2021-22**

This Amendment No 1 to Agreement is made and entered into this 24th day of August, 2021 by and between the County of Lake, a political subdivision of the State of California (hereinafter referred to as “County”) and Manzanita House (hereinafter referred to as “Contractor”).

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated July 1, 2021 under which Contractor will provide Adult Residential Support Services and Specialty Mental Health Services to eligible residents of County; and

WHEREAS, due to a rate change request, the parties desire to amend that Agreement to reflect the rate change, and;

WHEREAS, due to the rate change, the parties desire to amend the Agreement to increase the total compensation payable under the Agreement by \$21,900 for a new contract maximum of \$186,150.

NOW, THEREFORE, the parties hereto agree as follows:

Section 3 – COMPENSATION is hereby amended to read:

“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 Eighty Six Thousand One Hundred Fifty Dollars (\$186,150.00)**.

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.”

Section 4 - PAYMENT TERMS is hereby amended to read:

4.1 Contractor shall pay Contractor for clients approved for residential support services at the rate of Seventy Dollars (\$85) per day.

4.2 Contractor shall indicate on invoice to County the number of prior approved Bed Hold Days by client at the rate of Seventy Dollars (\$85) per day.”

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

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COUNTY OF LAKE

MANZANITA HOUSE

CHAIR, Board of Supervisors

Date: _____

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


By: _____

ARLENE WING
ARLENE WING (Sep 13, 2021 08:55 PDT)

Arlene Wing
Owner

Date: _____

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: _____