



Ordering Document

Siskiyou County Behavioral Health Service

2060 CAMPUS DR
Yreka, CA 96097

Relias LLC

1010 Sync Street, Suite 100
Morrisville, NC 27560

The term of this agreement is: 36 Months

Method of Payment: Check

Billing Frequency: Annually

Subscription Start Date is: 2/1/2023

Subscription Services Name	Subscription Metric	Subscription Quantity
Management Platform	Per User	80

HHS Solutions

Subscription Services Name	Subscription Metric	Subscription Quantity
Regulatory and Compliance for HHS	Per User	80
Behavioral Health Services	Per User	80
Children, Youth, and Families Services	Per User	80
Professional Development for HHS	Per User	80

Year 1 Annual Subscription Total	USD 11,927.87
Year 2 Annual Subscription Total	USD 12,524.26
Year 3 Annual Subscription Total	USD 13,150.48
New Total Subscription Amount:	USD 37,602.61

PRICING EXPIRES IF NOT EXECUTED BY 12/15/2022

This Renewal Document is subject to the terms and conditions of the MSA (hereinafter defined)

Signature page follows

Prices quoted do not include taxes. Please consult with the tax advisors within your state if you have questions about local tax requirements. If required by local law, Relias must collect taxes and pay them on your behalf.



ORDERING DOCUMENT SIGNATURE PAGE

Effective as of 2/1/2023 ("Ordering Document Effective Date"), this ordering Document supplements and amends the Master Services Agreement ("Agreement") between Relias LLC ("Company") and Siskiyou County Behavioral Health Service, with a Subscription Start Date of 2/1/2020.


By signing below, each party represents that, except as amended by this Ordering Document, all of the terms, conditions, and covenants of the Agreement shall remain in full force and effect. Any inconsistencies between this Renewal Document and the Agreement shall be governed by this Renewal Document. Any terms used but not defined in this Ordering Document will have the meanings ascribed in the Agreement.

SIGNED AND AGREED:

Siskiyou County Behavioral Health Service

Relias LLC

Signature: _____
Print Name: **Brandon A. Criss**
Title: **Chair, Board of Supervisors
County of Siskiyou**
Date: _____

Signature:  _____
Print Name: **Ross Golden**
Title: **CFO**
Date: **12/16/2022**



Third Contract Amendment ("Amendment")

Relias LLC ("Company") and Siskiyou County Behavioral Health Service ("Client") are parties to a Master Services Agreement with a Subscription Start Date of 2/1/2023 (the "Agreement").

Effective as of 2/1/2023 ("Amendment Effective Date"), the parties amend the Agreement as follows:

- 1 Following the end of the initial term, Subscription Services shall automatically terminate unless Client gives written notice to Company at least sixty (60) days prior to the end of the initial term, or any renewal term, of its intention to renew any of the Subscription Services.

Any inconsistencies between this Amendment and the Agreement shall be governed by this Amendment. Any terms used but not defined in this Amendment will have the meanings ascribed in the Agreement.

SIGNED AND AGREED:

Siskiyou County Behavioral Health Service

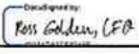
Relias LLC

Signature: _____

Print Name: **Brandon A. Criss**

Job Title: **Chair, Board of Supervisors
County of Siskiyou**

Date: _____

Signature:  _____

Print Name: **Ross Golden**

Job Title: **CFO**

Date: **12/16/2022**

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: _____

BRANDON A. CRISS, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

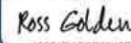
CONTRACTOR: Relias, LLC

Date: 12/14/2022

DocuSigned by:


Kay Krafft, CEO

Date: 12/14/2022

DocuSigned by:


Ross Golden, CFO

License No.: _____
(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 01-0730157

ACCOUNTING:

Fund	Org.	Account	ACTV	FY22/23	FY23/24	FY24/25	Total
2129	401031	729200	166	\$11,927.87	\$12,524.26	\$13,150.48	\$37,602.61

If not to exceed, include amount not to exceed: \$37,602.61



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-948-0500 CN101927909-STND-GAWU-22-23	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Greenwich Insurance Company	22322	INSURER B : N/A	N/A	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B : N/A	N/A														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: NYC-011514867-00 **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RG943702219	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Siskiyou County Behavioral Health Service 2060 CAMPUS DR Yreka, CA 96097	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. <div style="text-align: right;"><i>Marsh USA Inc.</i></div>
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