

**FIRST ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS FIRST ADDENDUM is to that Contract for Services entered into on November 3, 2021 by and between the County of Siskiyou (“County”) and Willow Glen Care Center, (“Contractor”) and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit “A”, needs to be revised to reflect the provided rates effective July 1, 2022; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Section 3.01, of the Contract, Scope of Services, Exhibit “A”, Section II, Compensation, paragraph A, of Exhibit “A”, shall be deleted and replaced in its entirety with the new Section II, Compensation, paragraph A of Exhibit “A”, attached hereto and hereby incorporated by reference.

Section 3.01, of the Contract, Scope of Services, Exhibit “A”, Section II, Compensation, paragraph C, of Exhibit “A”, shall be deleted and replaced in its entirety with the new Section II, Compensation, paragraph C of Exhibit “A”, attached hereto and hereby incorporated by reference.

All other terms and conditions of the Contract shall remain in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, County and Contractor have executed this FIRST Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: 6/22/2022

DocuSigned by:
Brandon A. Criss
BRANDONA. CRISS, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: Wendy Winstingham
Deputy

CONTRACTOR: Willow Glen Care Center, a nonprofit Corporation

Date: 6/10/2022

DocuSigned by:
Jeff Payne
Jeff Payne, Executive Director

Date: 6/8/2022

DocuSigned by:
Melissa Lance, CFO
Melissa Lance, CFO

License No.: 515001963
(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. On File

ACCOUNTING:

Fund	Organization	Account	Activity Code
2122	401030	740200	

Encumbrance number (if applicable): E2200384

FY 21/22 \$0.01 (Rate)
FY 22/23 \$0.01 (Rate)

Exhibit "A"**VII. COMPENSATION AND BILLING:**

- a. County shall pay Contractor the daily contract rates listed below, for services rendered in accordance with this Exhibit.

<u>Board and Care Facilities</u>	<u>FY22/23</u>
Alpine House (Weaverville, CA)	\$230.00 / day
Casa Del Rio (Hanford, CA)	\$160.00 / day
Trinity Pines (Chico, CA)	\$235.00 / day
Redwood Creek (Willits, CA)	
13 - 16 clients	\$170.00 / day
10 - 12 clients	\$225.00 / day
7 - 9 clients	\$285.00 / day
0 - 6 clients	\$310.00 / day
Willow Glen/Rosewood (Yuba City, CA)	
85 - 100 clients	\$170.00 / day
70 - 84 clients	\$185.00 / day
0 - 69 clients	\$199.00 / day

MHRC

Cedar Grove MHRC (Yuba City, CA)	
35 - 44 clients	\$340.00 / day
31 - 35 clients	\$360.00 / day
0 - 30 clients	\$380.00 / day
Sequoia Psychiatric Treatment Ctr. (Yuba City, CA)	\$375.00 / day

- c. County shall pay Contractor the board and care rate of Eight Hundred Forty Dollars and No Cents (\$840.00) per month for clients placed at either the Sequoia Psychiatric Treatment Center or the Cedar Grove Residential locations with prior authorization by the County. In the event of client's receiving SSI benefits after being admitted to the facility the Contractor will reimburse the County on a pro-rated basis.

Sequoia Psychiatric Treatment Center	\$840.00 / month
Cedar Grove	\$840.00 / month



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2021

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 Goodin Insurance Agency 400 Evans Street, PO Box 2 Sloan IA 51055	CONTACT NAME: PHONE (A/C, No, Ext): 712-428-1555 FAX (A/C, No): 712-428-1553 E-MAIL ADDRESS: SloanOffice@GoodinIns.com																					
INSURED Willow Glen Care Center 1547 Plumaz Court Yuba City CA 95991	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>NonProfits' Insurance Alliance of California</td> <td>11845</td> </tr> <tr> <td>INSURER B:</td> <td>Cypress Insurance Company</td> <td>10855</td> </tr> <tr> <td>INSURER C:</td> <td>Hiscox Insurance Company</td> <td>10200</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	NonProfits' Insurance Alliance of California	11845	INSURER B:	Cypress Insurance Company	10855	INSURER C:	Hiscox Insurance Company	10200	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER: 2021123011244477** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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	Y	N	2022-05287	01/01/2022	01/01/2023	EACH OCCURRENCE	\$ 1,000,000
							\$ 500,000	
							\$ 20,000	
	<input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COM/POP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	2022-05287	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							\$	
							\$	
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N	N	2022-05287-UMB	01/01/2022	01/01/2023	EACH OCCURRENCE	\$ 2,000,000
							\$ 2,000,000	
							\$	
	DED RETENTION \$						AGGREGATE	\$ 2,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WIWC316659	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							\$ 1,000,000	
							\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Cyber Liability	N	N	MPL2027252.21	08/04/2021	08/04/2022		\$1,000,000

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

The County, its officers, directors, officials, employees, and volunteers are named as Additional Insured with respects to liability arising out of activities performed by or on behalf of the Named Insured per Blanket Additional Insured endorsement CG 20 10 12 19.
 *10-Day Notice of Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER **CANCELLATION**

County of Siskiyou Behavioral Health Services 2060 Campus Drive Yreka CA 96097	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
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POLICY NUMBER: 2022-05287
 Named Insured: Willow Glen Care Center

COMMERCIAL GENERAL LIABILITY
 CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or