

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

THIS FIRST ADDENDUM is to that Contract for Services entered into on July 6, 2021 by and between the County of Siskiyou (“County”) and SHREE SAI HOSPITALITY, LLC (“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 Contract expired on June 30, 2023 and services continued to be required after that date; and

WHEREAS, the parties desire to extend the term of the Contract; and

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 an additional facility location.

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the Contract through June 30, 2026.

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

Paragraph 4.01 of the Contract, Compensation, shall be amended to add an additional Three Hundred Forty-Nine Thousand Two Hundred and no/100 Dollars (\$349,200.00), to increase the compensation payable under the Contract to an amount not to exceed Four Hundred Thirty Thousand Eight Hundred and no/100 Dollars (\$430,800.00) for the term of the Contract.

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

**(SIGNATURES ON FOLLOWING PAGE)**

IN WITNESS WHEREOF, County and Contractor have executed this FIRST addendum 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: \_\_\_\_\_

\_\_\_\_\_  
 ED VALENZUELA, CHAIR  
 Board of Supervisors  
 County of Siskiyou  
 State of California

ATTEST:  
 LAURA BYNUM  
 Clerk, Board of Supervisors

By: \_\_\_\_\_  
 Deputy

CONTRACTOR: **SHREE SAI HOSPITALITY, LLC**

Date: 8/28/2023

DocuSigned by:  
*Bhaumikumar Modi,*  
 \_\_\_\_\_  
 Bhaumik Modi, Chair

Date: 8/28/2023

DocuSigned by:  
*NEELU MODI*  
 \_\_\_\_\_  
 Neelu Modi, Treasurer

License No.: 32131  
 (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 (if applicable)
2129	401031	740000	163A

Encumbrance number: E2300207

If not to exceed, include amount not to exceed: \$430,800.00

	302 N. Main	515 N. Main	Total
FY21/22	\$ 39,600.00	-	\$ 39,600.00
FY22/23	\$ 42,000.00	-	\$ 42,000.00
FY23/24	\$ 56,400.00	\$ 60,000.00	\$116,400.00
FY24/25	\$ 56,400.00	\$ 60,000.00	\$116,400.00
FY25/26	\$ 56,400.00	\$ 60,000.00	\$116,400.00
Total	\$250,800.00	\$180,000.00	\$430,800.00

Exhibit "A"  
Scope of Services

**I. SCOPE OF SERVICES:**

- A. Contractor, in a professional manner, will provide property management services for shared housing for County Behavioral Health consumers. Contractor agrees to coordinate with the Siskiyou County Health and Human Services Agency Director and/or her/his designee, hereinafter referred to as Director, in providing access to shared housing facilities located at:

**302 N. Main Street, Yreka, CA  
515 N. Main Street, Yreka, CA**

- B. Siskiyou County Behavioral Health Services, hereinafter referred to as County, will collaborate with Contractor to provide referrals, and support regarding placement in housing to meet the mental health goals, and objectives of consumers.
- C. Shared housing will be furnished by Contractor as indicated below and include four individual, lockable units, a shared kitchen and communal space. Property includes access to parking spaces with notification to property manager.
1. Shared communal space shall include, but is not limited to, a couch, comfortable living room chairs, kitchen table and chairs, stove, refrigerator, microwave, dishwasher and television.  
**\*Seating must be able to accommodate at least 4 residents at one time.**
  2. Bedrooms shall include at least a mattress and box springs with frame, end table/night stand, mirror and lighting (either overhead or lamp)
- D. Contractor will manage access to laundry facilities on the property.
- E. Contractor shall maintain individual rental agreements with tenants and collect all payments due pursuant to said agreements.
- F. Contractor shall submit invoices, in a format acceptable to the County, by the 10<sup>th</sup> of each month. Contractor shall maintain accurate receipts and expenses associated with the performance of this agreement.
- G. Contractor is responsible for providing utilities including electricity, gas, heating fuel, water, garbage collection and cable television.
- H. Contractor shall provide and maintain cameras on the exterior of the property.
- I. Contractor shall maintain property in a good and sanitary condition and repair, reasonable wear and tear excepted. Maintenance shall include roof and exterior of property, heating and air conditioning systems, plumbing and electrical, and landscaping. Snow removal and maintenance of parking lot and walkways will be addressed as needed.

- J. Contractor shall provide, at their own expense, deep cleaning services at least once a month upon 24 hours' notice to the tenants. Services shall include vacuuming and/or mopping, cleaning of kitchen appliances, bathrooms, dusting and any other maintenance deemed appropriate by both parties.
- K. Contractor shall notify the appropriate Behavioral Health Specialist if any resident refuses access to a room for deep cleaning service. If Behavioral Health Specialist is unreachable, Contractor shall notify the Adult System of Care Supervisor at 530-841-2232.
- L. If a sudden, marked change in consumer's health or condition, illness, death, serious personal injury or substantial property damage occurs in connection with the performance of this Agreement, Contractor shall immediately notify the Adult System of Care Supervisor at 530-841-2232. Contractor shall promptly submit to County any relevant information associated with the incident. Information may include:
  - 1) Name and address of the injured or deceased person;
  - 2) Name and address of Contractor's subcontractor, if any;
  - 3) Name and address of Contractor's liability insurance carrier believed to be involved; and
  - 4) A detailed description of the incident and whether any of County's equipment, tools, material, or employees was involved.

## **II. COMPENSATION AND BILLING:**

- A. Compensation for shared housing management services shall not exceed the per house amounts as listed:
  - 1) 302 N. Main St. – Four Thousand Seven Hundred and No/100 Dollars (\$4,700.00) per month for the additional thirty-six month term of the addendum. Compensation to vendor will be reduced by any tenant payments, these payments may vary based on tenant ability to pay and tenant rental agreement with Contractor. The not to exceed amount for FY21/22 is Thirty-Nine Thousand Six Hundred and no/100 Dollars (\$39,600.00), FY22/23 is Forty-Two Thousand and no/100 Dollars (\$42,000.00), FY23/24 is Fifty-Six Thousand Four Hundred and no/100 Dollars (\$56,400.00), FY24/25 is Fifty-Six Thousand Four Hundred and no/100 Dollars (\$56,400.00), FY25/26 is Fifty-Six Thousand Four Hundred and no/100 Dollars (\$56,400.00), for a total not to exceed value of Two Hundred Fifty Thousand Eight Hundred and no/100 Dollars (\$250,800.00) for the location.
  - 2) 515 N. Main St - Five Thousand and No/100 Dollars (\$5,000.00) per month for the additional thirty-six month term of the contract. Compensation to vendor will be reduced by any tenant payments, these payments may vary based on tenant ability to pay and tenant rental agreement with Contractor. There are no amounts payable for FY21/22 and FY22/23. The not to exceed amount for FY23/24 is Sixty Thousand and no/100 Dollars

(\$60,000.00), the not to exceed amount for FY24/25 is Sixty Thousand and no/100 Dollars (\$60,000.00), the not to exceed amount for FY25/26 is Sixty Thousand and no/100 Dollars (\$60,000.00), for a total not to exceed value of One Hundred Eighty Thousand and no/100 Dollars (\$180,000.00) for the location.

- B. Upon collection of monthly payments from tenants, Contractor will provide an original itemized receipt to County for any remaining monthly balance. Invoice shall be submitted monthly and include a copy of the tenants monthly payment receipts. A County representative shall evaluate the quality of the property management service performed, and if found to be satisfactory, shall initiate payment processing. County shall pay invoices or claims of satisfactory work upon (30) days of presentation. Partial tenancy shall be prorated according to tenant's rental agreement with Contractor.
- C. Contractor shall reserve the right to refuse to accept persons who are combative, destructive, noisy, or otherwise present a threat or disrupt the Contractor's normal business environment. Contractor shall consult with County before removing or refusing any County consumer's housing. County's contact person shall be the Adult System of Care Supervisor at 530-841-2232.
- D. County will work collaboratively with Contractor and provide supportive services to tenants to facilitate meeting their obligations pursuant to their rental agreements with the Contractor.
- E. In the event damages are caused by tenant(s), above and beyond normal wear and tear, Contractor shall notify County immediately. Invoices for reimbursement of said damages shall be submitted in a format acceptable to the County, including original itemized receipts for repairs, labor and/or replacement items purchased. Pictures of damage may be requested as appropriate.

### **III. CONTRACT AMENDMENTS:**

Contractor and County may mutually agree, in writing, to amend the rates and/or services in this contract at any time during the term of this contract.

### **IV. COMPLIANCE:**

Contractor shall ensure that all services and documentation shall comply with all applicable requirements in the DHCS-MHP Contract No. 17-94617 located at: [https://www.co.siskiyou.ca.us/sites/default/files/fileattachments/behavioral\\_health/page/1381/dhcs\\_contract\\_2022\\_-\\_2027.pdf](https://www.co.siskiyou.ca.us/sites/default/files/fileattachments/behavioral_health/page/1381/dhcs_contract_2022_-_2027.pdf)



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

03/30/2023

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

AGENCY PRO-AM INS AGCY INC 222 E GLENARM ST STE B1 PASADENA, CA 91106	PHONE (A/C, No, Ext): (818) 553-1120	COMPANY THE STANDARD FIRE INSURANCE COMPANY ONE OF THE TRAVELERS PROPERTY CASUALTY COMPANIES ONE TOWER SQUARE, HARTFORD, CT 06183	
FAX (A/C, No): (888) 506-5548	E-MAIL ADDRESS:		
CODE: 0DMR70	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED BHAUMIKKUMAR MODI 440 W NEVADA ST ASHLAND, OR 97520-1043	LOAN NUMBER	POLICY NUMBER 611231482 653 1	
	EFFECTIVE DATE 02/14/2023	EXPIRATION DATE 02/14/2024	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 302 N MAIN ST YREKA, CA 96097-2521
---

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
COVERAGE / PERILS / FORMS						
Coverage A - Dwelling					\$ 302,000	
Coverage B - Other Structures					\$ 30,200	
Coverage C - Household Furnishings					\$ 2,174	
Coverage D - Loss of Use					\$ 30,200	
Coverage E - Premises Liability (each occurrence)					\$ 1,000,000	
Coverage F - Medical Payments to Others (each person)					\$ 2,000	
Property Coverage Deductible (All Perils)						\$ 2,500
TOTAL PREMIUM \$1,198.00						

## REMARKS (Including Special Conditions)

Make checks payable to: Travelers Indemnity and affiliates
Mail payments to: Travelers Personal Insurance PO Box 660307 Dallas, TX 75266-0307
SEE ADDITIONAL REMARKS SCHEDULE FOR MORE INFORMATION (ACORD 101)

## 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.**

## ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE		

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> PRO-AM INS AGCY INC		<b>NAMED INSURED</b> BHAUMIKKUMAR MODI 440 W NEVADA ST ASHLAND, OR 97520-1043	
<b>POLICY NUMBER</b> 611231482 653 1		<b>EFFECTIVE DATE:</b> 02/14/2023	
<b>CARRIER</b> THE STANDARD FIRE INSURANCE COMPANY	<b>NAIC CODE</b> 19070		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE**

**Policy Type - Landlord Dwelling**

#### Optional Coverages

Optional Coverages	Endorsement	Limit
Special Coverage	HQ-003 CW (05-18)	
Personal Injury Coverage	HQ-082 CW (02-19)	
Workers' Compensation Residence Employees	HQ-090 CA (05-17)	
Water Back Up and Sump Discharge or Overflow Coverage	HQ-208 CW (08-20)	\$5,000
Additional Replacement Cost Protection Coverage 25% of Coverage A - Dwelling Limit	HQ-420 CA (11-18)	\$75,500
Replacement Cost Loss Settlement for Certain Non-Building Structures on the Residence Premises	HQ-443 CA (11-18)	
Wildfire Defense Services	HQ-710 CA (05-17)	

**\*Note:** The additional cost or premium reduction for any optional coverage or package shown as "Included" is contained in the Total Policy Premium Amount.

**Customer Information**

BHAUMIK MODI  
440 W NEVADA ST  
ASHLAND, OR 97520-1043

**Date Prepared:** 03/09/2023

**Policy Period:** 03/09/2023 to 03/09/2024

**Agent Information**

INDIE-PRO INSURANCE AGENCY INC  
222 E GLENARM ST STE B1  
PASADENA, CA 91106-4235

Phone Number: (323) 568-1149

Email: csr@indieproinsurance.com

Agent #: 172681

**PREMIUM SUMMARY**

	<b>Premium</b>
Primary Coverages - Special	\$879.00
Other and Optional Coverages	\$21.00
Discounts and Surcharges	\$0.15
<b>Your total policy premium for 12 months is</b>	<b>\$900.15</b>

**DWELLING LOCATION**

515 N MAIN ST  
YREKA, CA 96097-2524

**PRIMARY COVERAGES**

Dwelling	Other Structures	Personal Property	Loss of Use	Premises Liability	Medical Payments
\$614,100	\$61,410	No Coverage	\$61,410	\$500,000	\$1,000

**DEDUCTIBLES**

All Perils Deductible

**Amount**  
\$2,500.00

This is not a contract but confirms that the coverages displayed are in effect.

**OTHER AND OPTIONAL COVERAGES**

**Limit      Premium**

Personal Injury, Wrongful Eviction, Privacy Invasion

Included

Extended Dwelling Coverage - 50%

\$21.00

Building Ordinance or Law Coverage

10%

Included

**Total**

**\$21.00**

**DISCOUNTS AND SURCHARGES**

**Premium**

**License, Tax or Fee:**





A Liberty Mutual Company

Landlord Protection® Policy#: OA5144022

California Seismic Safety Fee

\$0.15

**Total**

**\$0.15**

Coverages: Insurance is afforded only for such coverages as are indicated by specific premium charges.

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.