

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

THIS FIRST ADDENDUM is to that Contract for Services entered into on September 8, 2021 and Restpadd Health Corporation (“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. 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: 6/16/2022

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

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: Wendy Wittingham
Deputy

Date: 6/2/2022

CONTRACTOR: Restpadd Health Corporation

DocuSigned by:
Bill Hunt
William Hunt, RN, BSN, Administrator

Date: 6/2/2022

DocuSigned by:
Robert Edgar, RN
Robert Edgar, RN

License No.: 20016060
(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. 46-4224829

ACCOUNTING:			
Fund	Organization	Account	Activity Code
2122	401030	740300	
2129	401031	740000	163A

Encumbrance number (if applicable): E2200311

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

Exhibit "A"

II. Compensation and Billing

- A. County agrees to pay as follows for services provided at Restpadd Health Corp. located in Red Bluff, CA the following all-inclusive rates effective July 1, 2022.

Fiscal Year 2022/23

\$1,070.00 per adult client, per day for Indigent and Medi-Cal patients

\$1,351.00 per youth client, per day for Indigent and Medi-Cal patients

*Contractor will not charge for the client's day of discharge

