STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID:

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED _____ PAGES

AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authority Number
24MHSOAC058	01	

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME
Behavioral Health Services Oversight and Accountability Commission

CONTRACTOR NAME
Siskiyou County Health and Human Services, Behavioral Health Department

2. The term of this Agreement is:

START DATE
2/19/2025

THROUGH END DATE
6/30/28

3. The maximum amount of this Agreement after this Amendment is:
$300,000.00 (Three Hundred Thousand dollars and zero cents)

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

Amendment does the following:
- Amends Exhibit A and Exhibit B.
- Extends the contract end date from December 31, 2027 to June 30, 2028.

The following exhibits are hereby attached and made part of this Agreement:
- Exhibit A Scope of Work
- Exhibit B Fiscal Detail

-The parties recognize that the Mental Health Services Oversight and Accountability Commission (MHSOAC) has been renamed the Behavioral Health Services Oversight and Accountability Commission (BHSOAC), Mental Health Services Act (MHSA) has been renamed to Behavioral Health Services Act (BHSA), and Mental Health Student Services Act (MHSSA) has been renamed to Behavioral Health Student Services Act (BHSSA) effective January 1, 2025. All references to MHSOAC, MHSA, and MHSSA used in this agreement shall be read to mean BHSOAC, BHSA, and BHSSA.

All language that has been added is shown in bold and underlined. All language that has been deleted is shown in strike through.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)
Siskiyou County Health and Human Services, Behavioral Health Department

CONTRACTOR BUSINESS ADDRESS	CITY	STATE	ZIP
2060 Campus Drive	Yreka	CA	96097

PRINTED NAME OF PERSON SIGNING	TITLE
RAY A. HAUPT	Board Chair

CONTRACTOR AUTHORIZED SIGNATURE	DATE SIGNED

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

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STATE OF CALIFORNIA

CONTRACTING AGENCY NAME			
Behavioral Health Services Oversight and Accountability Commission			
CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
1812 9th Street	Sacramento	CA	95811
PRINTED NAME OF PERSON SIGNING	TITLE		
Brenda Grealish	Executive Director		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		
	WIC 5897 (f)		