STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

SCO ID:

STANDARD AGREEMENT - AMENDMENT	_				
STD 213A (Rev. 4/2020)		AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Authori	ty Number
	PAGES	24MHSOAC038	01		
1. This Agreement is entered into between the Contractin	ng Ager	ncy and the Contractor named	below:		
CONTRACTING AGENCY NAME					
Behavioral Health Services Oversight and Accounta	bility (Commission			
CONTRACTOR NAME					
Tehama County Health Services Agency					
2. The term of this Agreement is:					
START DATE					
12/12/2024					
THROUGH END DATE			4		
3/31/2028					
3. The maximum amount of this Agreement after this Am		ent is:		- Angelon and Ange	
\$500,000.00 (Five Hundred Thousand and zero cen					
4. The parties mutually agree to this amendment as for incorporated herein:	ollows. A	All actions noted below are b	y this reference made a pa	irt of the Agreemen	t and
Amendment does the following: - Extends the contract end date from December 31, 2027	7 to Mai	rch 31, 2028.			
The parties recognize that the Mental Health Services Oversight and Accountability Commission (BHS Student Services Act (BHSSA) effective January 1, 2025. A and BHSSA.	SOAC) a	nd Mental Health Student Serv	ices Act (MHSSA) has been re	enamed to Behaviora	al Health
The parties also recognize that Marginalized & Vulnerab	le Youth	h has been renamed to At Pron	nise Youth.		
All language that has been added is shown in bold and o	underlir	ned. All language that has beer	n deleted is shown in strike th	nrough.	
All other terms and conditions shall remain the same.					
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXE	ECUTED	BY THE PARTIES HERETO.			
		CONTRACTOR			
CONTRACTOR NAME (if other than an individual, state whether	a corpor	ation, partnership, etc.)			
Tehama County Health Services Agency					
CONTRACTOR BUSINESS ADDRESS			CITY	STATE	ZIP
P.O. Box 400			Red Bluff	CA	96080
PRINTED NAME OF PERSON SIGNING			TITLE		
Jayme S. Bottke			Executive Director		
CONTRACTOR AUTHORIZED SIGNATURE			DATE SIGNED		
Same Shottes			10-1-25)	

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STANDARD AGREEMENT - AMENDMENT

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CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	24MHSOAC038	01								
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		1						
Norma Pate		Deputy Director								
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED									
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		EXEMPTION (If Applicable)								
		WIC 5897 (f)								