

**AMENDMENT NO. 1
TO MENTAL HEALTH SERVICES AGREEMENT NO. A-11196
BETWEEN
COUNTY OF MONTEREY AND DAVIS GUEST HOME, INC.**

This Amendment No. 1 to Mental Health Services Agreement No. A-11196 is made and entered into by and between the **County of Monterey**, hereinafter referred to as COUNTY, and **Davis Guest Homes, Inc.**, (hereinafter referred to as CONTRACTOR).

Agreement is amended as follows:

1. Exhibit B, Section III. PAYMENT RATES, ESTIMATE NUMBER OF CLIENTS/DAYS & PAYMENT AMOUNTS:

Fiscal Year	Board & Care Service Rate Per Day	Estimated # of Clients Per Day	Estimated # of Days	Total Contract Amount
FY 2008-09	\$68	10/8	365/150	\$358,727
FY 2009-10	\$75	18	365	\$492,750
FY 2010-11	\$75	18	365	\$492,750
TOTAL				\$1,344,227

2. Exhibit B, Section IV. MAXIMUM OBLIGATION OF COUNTY:

- A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$1,344,227** for services rendered under this Agreement.

- B. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
July 1, 2008 to June 30, 2009	\$ 358,727
July 1, 2009 to June 30, 2010	\$ 492,750
July 1, 2010 to June 30, 2011	\$ 492,750
MAXIMUM LIABILITY	\$ 1,344,227

2. All other terms and conditions of Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

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By: _____
Department Head (if applicable)

Date: 5/7/09

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: Stacy Suelta
Deputy County Counsel

Date: Stacy Suelta 4/16/09

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: 4-16-09

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

DAVIS GUEST HOME, INC.

Contractor's Business Name*

By: [Signature]
(Signature of Chair, President, or Vice-President)*

HONNY G. DAVIS, President
Name and Title

Date: 3/26/09

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

THOMAS E. SPORN Vice President
Name and Title

Date: 3/26/09

***INSTRUCTIONS:** If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹Approval by County Counsel is required

²Approval by Auditor-Controller is required

³Approval by Risk Management is necessary only if changes are made in paragraph 8 or 9