AMENDMENT NO. 3 TO THE AGREEMENT BETWEEN THE COUNTY OF MONTEREY AND SENECA FAMILY OF AGENCIES

This Amendment No. 3 to the Agreement, No. A-12535, is made and entered into by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Seneca Family of Agencies, hereinafter referred to as "CONTRACTOR."

WHEREAS, on July 1, 2013, the COUNTY entered into the Agreement with CONTRACTOR in an amount not to exceed \$450,000 for the provision of targeted case management (TCM) services to eligible Medi-Cal beneficiaries (see attached Agreement).

WHEREAS, Amendment No. 1 replaced Exhibit B, Business Associate Agreement with Exhibit B.1, Business Associate Agreement, revised 12/12/2014.

WHEREAS, Amendment No. 2 exercised of the option to extend for one (1) additional year and to increase the total amount of the AGREEMENT to \$459,000 due to the extended term.

WHEREAS, the County and CONTRACTOR wish to amend the AGREEMENT to reflect the County's exercise of the option to extend for one (1) additional year.

NOW THEREFORE, both parties hereby agree to amend the Agreement as follows:

- 1. Article V, "TERM OF AGREEMENT", Section A, shall be amended by removing "The term of this Agreement shall be from July 1, 2013 through June 30, 2019, unless sooner terminated provided herein" and replacing it with "The term of this Agreement shall be from July 1, 2013 through June 30, 2020, unless sooner terminated provided herein".
- 2. All other terms and conditions of the Agreement remain unchanged and in full force. This Amendment No. 3 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.

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IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 3 to the Agreement as of the day and year last written below.

By: Contracts/Purchasing Officer Date: Contracts/Purchasing Officer By: Department Head (if applicable) Date: Coltact Sussibess Name* By: Department Head (if applicable) By: Board of Supervisors (if applicable) Date: Country/Counsel By: Department Head (if applicable) By: Board of Supervisors (if applicable) Date: Country/Counsel By: Country/Counsel Date: Contractor Business Name* Seneca Family of Agencies	COUNTY OF MONTEREY	CONTRACTOR
Date:	· / / / / / / / / / / / / / / / / / / /	
By: Department Head (if applicable) Date: Department Head (if applicable) By: Board of Supervisors (if applicable) Date: Approved as to Form By: County Counsel Approved as to Fiscal Provisions Approved as to Fiscal Provisions By: Auditor Confroller Date: Risk Management (Signature of Chair, President, or Vice-President)* (En Berrick, CEO Name and Title Date: (6 13 7 By: (Signature of Chair, President, or Vice-President)* (Approved as to Form Signature of Chair, President, or Vice-President, or Vice-President)* (Approved as to Form Signature of Chair, President, or Vice-President, or Vice-President, or Vice-President)* (Approved as to Form Signature of Chair, President, or Vice-President, or Vice-Pr	1/24/2	Contractor's Business Name*
By: Board of Supervisors (if applicable) Date: By: Date: By: County Counsel Approved as to Fiscal Provisions Page Auditor Confroller Date: Auditor Confroller Approved as to Liability Provisions By: Risk Management Date: Co 13 17 By: County Counsel By: Cignature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* Toruth Prince Co 13 17 By: Cignature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* Date: U 5 19 Date: U 5 19	Ву.	(Signature of Chair, President, or Vice-President)*
By: Board of Supervisors (if applicable) Date: Approved as to Form By: County/Counsel Approved as to Fiscal Provisions ² By: Auditor/Controller Date: Approved as to Liability Provisions ³ By: Risk Management By: Board of Supervisors (if applicable) By: (Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* Date: Date: Risk Management	Date: Oclzslzoi 9	
Date: Approved as to Form By:	By: Board of Supervisors (if applicable)	Date: 0/12/11
By: County/Counsel County/Counsel Date: Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* Date: Date: Auditor/Confoller Date: Date: Risk Management By: CFO, Treasurer or Asst. Treasurer)* Date: USI 9 By: CFO, Treasurer or Asst. Treasurer)* Date: USI 9 Risk Management		
Date: County/Counsel (Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* County/Counsel (Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* County/Counsel (Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* County/Counsel (Signature of Secretary, Asst. Secretary CFO, Treasurer or Asst. Treasurer)* Date:	Approved as to Form 1	
Date: CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* CFO, Treasurer or Asst. Treasurer)* Date:		
Approved as to Fiscal Provisions ² By: Auditor/Controller Date: Approved as to Liability Provisions ³ By: Risk Management Name and Title Date: Date: Risk Management	(1)	CFO, Treasurer or Asst. Treasurer)*
Auditor/Controller Date:	Approved as to Fiscal Provisions ²	Name and Title
Date:		Date: 6/5/19
By: Risk Management		
Risk Management	Approved as to Liability Provisions ³	

County Board of Supervisors' Agreement Number: A-12535

*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.