

**FIRST AMENDMENT TO  
LETTER OF AGREEMENT FOR THE ALLIANCE HOUSING FUND  
  
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
AND  
COUNTY OF MONTEREY**

This First Amendment (“Amendment”), effective as of the last signature date below (“Amendment Effective Date”), amends the Letter of Agreement for the Alliance Housing Fund (“Agreement”), entered into between the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission, a California public entity, operating as Central California Alliance for Health (“Alliance”) and the County of Monterey, a political subdivision of the State of California (“Partner”).

**WHEREAS**, the parties entered into the Agreement, effective September 30, 2025, setting forth terms governing the Alliance’s Housing Fund grant to Partner for the development of the Recurso de Fuerzo Low Barrier Navigation Center (“Project”);

**WHEREAS**, Partner has renamed the Project since execution of the Agreement;

**WHEREAS**, Partner anticipates that Partner will be unable to meet certain deadlines under the Agreement due to circumstances beyond Partner’s control;

**WHEREAS**, the parties would like to amend the Agreement as set forth below to reflect the foregoing Project changes;

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

1. **Amendment.** As of the Amendment Effective Date, the following modifications to the Agreement shall be in full force and effect and incorporated into the Agreement:

- a. The Project name set forth on page 19 of the Agreement (Exhibit 1, Statement of Work) shall be amended as follows:

From:

*Recurso de Fuerzo Low Barrier Navigation Center*

To:

*HOPE Village (“Project”) (formerly known as Recurso de Fuerza Low Barrier Navigation Center*

- b. The following portion of Section C(2)(a)(i) of the Agreement (Exhibit 1, Statement of Work) shall be amended as follows:

From:

*Establish Prioritization Process for Medi-Cal Eligible Individuals. By November 30, 2025, Partner will establish a process for prioritizing Medi-Cal eligible individuals for placement.*

To:

*Establish Prioritization Process for Medi-Cal Eligible Individuals. By June 30, 2026, Partner will establish a process for prioritizing Medi-Cal eligible individuals for placement*

- c. Sections C(2)(a)(ii) through C(2)(e) of the Agreement (Exhibit 1, Statement of Work) shall be amended as follows:

From:

- ii. *Complete Construction.*
  - *By December 31, 2025, Partner will complete the Modular Units at 118A 1<sup>st</sup> Street, Watsonville, CA 95076, for the purpose of Short-Term Post-Hospitalization Housing and Recuperative Care.*
- iii. *Obtain Certificate of Occupancy.*
  - *By December 31, 2025, all interim supportive housing units will be fully occupied, and meet Minimum Medi-Cal Occupancy.*
- iv. *Establish Service Availability and Best Efforts Prioritization Outcomes.*
  - *By March 31, 2026, Partner will ensure that on-site case management services are available/provided and individual services plans are developed for all Medi-Cal eligible residents receiving case management services.*
- b. *Phase Two Completion Date: March 31, 2026*
- c. *Deliverables: Detailed documentation of Phase Two Milestones completion, including timely submission of reports and, as applicable, validated prioritization lists.*
- d. *Deliverable Due Date: April 30, 2026*
- e. *Payment Percentage: 10% of Maximum Award*

To:

- ii. *Complete Construction.*
  - *By December 31, 2025, Partner will complete the Modular Units at 118A 1<sup>st</sup> Street, Watsonville, CA 95076.*
- iii. *Obtain Certificate of Occupancy.*
  - *By March 31, 2026, all interim supportive housing units will be fully occupied, and meet Minimum Medi-Cal Occupancy.*
- iv. *Establish Service Availability and Best Efforts Prioritization Outcomes.*
  - *By March 31, 2026, Partner will ensure that shelter, housing navigation, and supportive, wrap-around services are available/provided and individual services plans are developed for all Medi-Cal eligible residents receiving on-site case management services.*
- v. *Establish Service Availability and Best Efforts Prioritization Outcomes.*
  - *By June 30, 2026, Partner will ensure that on-site case recuperative care and/or short-term post hospitalization are*

*developed for all Medi-Cal eligible residents receiving case management services.*

- f. *Phase Two Completion Date: June 30, 2026*
  - g. *Deliverables: Detailed documentation of Phase Two Milestones completion, including timely submission of reports and, as applicable, validated prioritization lists.*
  - h. *Deliverable Due Date: July 31, 2026*
  - i. *Payment Percentage: 10% of Maximum Award*
- d. The following portion of Section C(3)(a) of the Agreement (Exhibit 1, Statement of Work) shall be amended as follows:

From:

*Partner agrees to submit a complete and accurate report to the Alliance by March 31st of each calendar year for the Useful Life of the Project, (i.e., 10 years following Phase Two Completion Date) (“Annual Attestation”). The Annual Attestation shall be consistent with the format outlined in the Annual Attestation Template attached as Exhibit 3 to this Agreement.*

To:

*Partner agrees to submit a complete and accurate report to the Alliance by June 30th of each calendar year for the Useful Life of the Project, (i.e., 10 years following Phase Two Completion Date) (“Annual Attestation”). The Annual Attestation shall be consistent with the format outlined in the Annual Attestation Template attached as Exhibit 3 to this Agreement.*

- e. Section C(3)(f) of the Agreement (Exhibit 1, Statement of Work) shall be amended as follows:

From:

*Deliverable Due Date: March 31st of each calendar year during the Useful Life.*

To:

*Deliverable Due Date: June 30th of each calendar year during the Useful Life.*

- f. The Project name set forth on page 33 of the Agreement (Exhibit 3, Annual Attestation Template) shall be amended as follows:

From:

*Recurso de Fuerzo Low Barrier Navigation Center*

To:

*HOPE Village (“Project”) (formerly known as Recurso de Fuerza Low Barrier Navigation Center)*

- g. The following portion of Exhibit 3 to the Agreement (Annual Attestation Template) shall be amended as follows:

From:

*Recurso de Fuerzo Low Barrier Navigation Center*

To:

*HOPE Village ("Project") (formerly known as Recurso de Fuerza Low Barrier Navigation Center)*

- h. The following portion of Exhibit 3 to the Agreement (Annual Attestation Template) shall be amended as follows:

From:

- *Partner must accurately complete and submit this Annual Attestation to the Alliance by March 31st of each calendar year for the Useful Life of the Project, as further set forth in the Letter of Agreement.*

To:

- *Partner must accurately complete and submit this Annual Attestation to the Alliance by June 30th of each calendar year for the Useful Life of the Project, as further set forth in the Letter of Agreement.*

2. **Modification.** Except as specifically modified by this Amendment, all terms and conditions of the Agreement shall remain in effect; provided however, if there is any conflict between the terms of this Amendment and the Agreement, then the terms of this Amendment shall govern.
3. **Capitalized Terms.** All capitalized terms used, but not defined, in this Amendment shall have the meanings attributed to such terms in the Agreement.
4. **Counterparts.** This Amendment may be executed in counterparts or via electronic signature, each of which shall be deemed to be an original and all of such counterparts or electronically signed documents shall together constitute one and the same Amendment.

*[signatures appear on following page]*

**IN WITNESS WHEREOF**, the parties have caused this Amendment to be executed by their duly authorized representatives as of the Amendment Effective Date.

**For Partner:**

County of Monterey

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**For the Alliance:**

Santa Cruz-Monterey-Merced-San  
Benito-Mariposa Managed Medical  
Care Commission, operating as Central  
California Alliance for Health

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## EXHIBIT 3

### ANNUAL ATTESTATION FOR CENTRAL CALIFORNIA ALLIANCE FOR HEALTH HOUSING FUND

This Annual Attestation applies to Partner's receipt of Housing Fund Award funds under the Letter of Agreement referenced below between Partner and the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission, operating as Central California Alliance for Health, ("Alliance"), having a principal place of business at 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066-4981.

Partner must accurately complete and submit this Annual Attestation to the Alliance by June 30th of each calendar year for the Useful Life of the Project, as further set forth in the Letter of Agreement.

Partner may deliver this Annual Attestation to the Alliance Liaison by any of the following: by submission in the Alliance's online incentives portal, in person, by registered or certified mail, return receipt requested, or U.S. Postal Service Express Mail, with postage prepaid, by Federal Express, other overnight courier that guarantees next day delivery, or by email to: [pdincentives@thealliance.health](mailto:pdincentives@thealliance.health). If delivered by email, the Annual Attestation shall be deemed given when confirmed actually received by the Alliance.

**Project:** HOPE Village ("Project") (formerly known as Recurso de Fuerza Low Barrier Navigation Center)

**Letter of Agreement Effective Date:** September 30, 2025

**Partner Name:** County of Monterey

**Minimum Medi-Cal Eligible Individuals Preference Threshold Requirement:** Partner must restrict occupancy for at least 80% of the Project's total units (27 of 34 units) to Medi-Cal eligible individuals ("Minimum Medi-Cal Occupancy").

Requirement Type	Description of Requirement	Partner Response
Minimum Medi-Cal Occupancy	Partner must restrict occupancy for at least the Minimum Medi-Cal Occupancy levels specified above. Please confirm Partner has maintained Minimum Medi-Cal Occupancy. If Partner failed to meet Minimum Medi-Cal Occupancy levels, please provide good faith estimate of occupancy by Medi-Cal eligible individuals during the reporting year and	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If "No," please explain:

	narrative explanation of Partner’s failure to meet requirement. <ul style="list-style-type: none"> <li>• Project is for Recuperative Care or Short-Term Post-Hospitalization Housing, in addition to provision of shelter, housing navigation, and supportive, wrap-around services. Minimum threshold is based on number of stays by Medi-Cal eligible individuals out of total stays.</li> </ul>	
Prioritization Process	Current prioritization process. Please confirm use of approved prioritization process. If Partner is currently using a prioritization process other than the process approved by the Alliance, please provide narrative description of current process and how process complies with Medi-Cal eligibility income requirements in alignment with the Letter of Agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No. If “No,” please explain:

By signing the below, Partner attests that the information above is true and correct, that Partner has continued to act in compliance with the Letter of Agreement, and that the Project facilities have continued to operate in alignment with the Letter of Agreement. Partner shall provide all information reasonably requested by the Alliance to validate the above information or to support any response to any government audits or inquiries related to the Letter of Agreement.

**Partner:**

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_