



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 651-3161

April 18, 2008

Mental Health Director
El Dorado County Mental Health
344 Placerville Drive, Suite 20
Placerville, CA 95667

SUBJECT: Mental Health Services Act (MHSA) Agreement Number: 07-77309-000 A1

Dear Director:

Enclosed is a modification to extend the MHSA Agreement between El Dorado County and the State Department of Mental Health (DMH) through June 30, 2009.

The enclosed modifications document requires a signature by the same individual that was designated by the County Board of Supervisors to be the administrative signing agent for the initial MHSA Agreement. The Agreement cannot be considered binding on either party until all approvals have been obtained, and the contract has been fully executed. No services should be provided prior to approval, as the State is not obligated to make any payments on any Agreements prior to final approval.

The signed MHSA Agreement Extension Modification document must be returned to DMH by May 30, 2008 to allow it to be processed by the end of the fiscal year.

For inquiries regarding this Agreement, please contact:

Ken Bloom
(916) 651-3161
Ken.bloom@dmh.ca.gov

In order to expedite this Agreement, please return the requested documents to:
Contracts Unit, 1600 9th Street, Room 101, Sacramento, CA 95814

Sincerely,

KEN BLOOM
Contract Analyst
Administrative Services
Enclosure

cc: County Contracts and Technical Assistance

RECEIVED APR 25 2008

MENTAL HEALTH SERVICES ACT (MHSA) AGREEMENT

El Dorado County Mental Health
344 Placerville Drive, Ste. 20
Placerville, CA 95667

Agreement No.
Modification No.

07-77309-000
A1

| | |
|---|--|
| State of California Department of Mental Health Systems of Care Division 1600 9 th Street Sacramento, CA 95814 | Funding Source: MHSA FUNDS Term of Agreement: 07/01/2004-06/30/2009 |
|---|--|

This MHSA Agreement is entered into by and between the State of California, Department of Mental Health, hereinafter referred to as the State and El Dorado County, hereinafter referred to as the County. The County agrees to operate a program in accordance with the provisions of this agreement and to have an approved Three-Year Program and Expenditure Plan for the above named County filed with the State pursuant to the Mental Health Services Act. This modification consists of this sheet and incorporates the following exhibits by reference:

Funding Detail Chart

Exhibit A, pages 1 through 7

General Provisions and Standards of Conduct

Exhibit B, pages 1 through 12

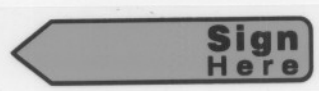
Purpose: To extend this Agreement through 06/30/2009:

If additional funds are awarded, they will be unilaterally incorporated into this Agreement.

| | |
|---|---|
| Allocation(s): The State agrees to issue payments to the County not to exceed the amount listed hereinafter as "Total Plan Approved Amount". | Total Plan Approved Amount \$ 5,171,662 Prior Amount Distributed: \$ 0 Increase/Decrease: \$ 0 Total Distributed: \$ 0 |
|---|---|

This agreement is exempt from Section 10295 of Chapter 2 of Part 2 of Division 2 of the Public Contract Code and is exempt from review or approval of the Dept. of General Services and the Dept. of Finance.

Approved for County (by signature)



Name and title:
Date Signed _____

Approved for the State (DMH) (by signature)

I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditure as stated herein:

DMH Procurement and Contracts Officer
Date Signed _____

Signature of DMH Accounting Officer
Date Signed _____

RECEIVED APR 25 2008

MENTAL HEALTH SERVICES ACT (MHSA) AGREEMENT

El Dorado County Mental Health
 344 Placerville Drive, Ste. 20
 Placerville, CA 95667

Agreement No.
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Approved for County (by signature)



 Name and title:
 Date Signed _____

| | |
|--|--|
| Approved for the State (DMH) (by signature) _____ DMH Procurement and Contracts Officer Date Signed _____ | I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditure as stated herein: _____ Signature of DMH Accounting Officer Date Signed _____ |
|--|--|

RECEIVED APR 25 2008