



Grant Agreement

CONTRACTING AGENCY:	Mental Health Services Oversight and Accountability Commission
CONTRACTOR:	El Dorado County Behavioral Health
AGREEMENT NUMBER:	21MHSOAC049 <u>A.1</u>
DGS EXEMPTION:	WIC 5897(f) and 5886(m)

Parties

This Grant Agreement (Agreement) is entered into between El Dorado County Behavioral Health, a branch of county government headquartered in Placerville, CA; and the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), a branch of State government headquartered in Sacramento, CA.

Term

This Agreement term began on March 3, 2022 and ends on **December 31, 2026** ~~June 30, 2026~~.

Funding Amount

The maximum award under this Agreement is:

\$5,044,665.00 (Five million forty-four thousand six hundred sixty five dollars and no cents) ~~\$4,000,000.00 (Four million dollars and no cents.)~~

Amendment Changes The parties mutually agree to this amendment as follow. All action noted below are by this reference made a part of the Agreement and incorporated herein:

- Amends Exhibit A and Exhibit B
- Extends the contract end date from June 30, 2026 to December 31, 2026
- Adds funds
- Adds the following documents:

<u>Document: RFA MHSSA 003 Addendum 2</u>	<u>Incorporated by reference</u>
<u>Document: Grantee's Application for RFA MHSSA 003</u>	<u>Incorporated by reference</u>

All other terms and conditions set forth on the face of this MHSOAC Form 213A shall remain the same.



Grant Managers

Direct all program inquiries to:

MHSOAC	Contractor
Name: Cheryl Ward <u>Daniel Owens</u>	Name: Ed Manansala <u>Matt Smith</u>
Address: <u>1812 9th Street</u> 1325 J Street, Suite 1700 Sacramento, CA 95814 <u>95811</u>	Address: 6767 Green Valley Road, Placerville, CA 95667
Phone: (916) 775-6815 <u>(916) 244-1487</u>	Phone: 530-295-2229 <u>530-295-2235</u>
Fax: (916) 445-4927 <u>(916) 623-4687</u>	Fax: 530-621-2543
Email: cheryl.ward@mhsoac.ca.gov <u>daniel.owens@mhsoac.ca.gov</u>	Email: emanansala@edcoe.org <u>mwsmith@edcoe.org</u>

Direct all fiscal inquiries to:

MHSOAC	Contractor
Attention: Chelsea Yuen	Name: Nita Wracker <u>Kimberly McAdams</u>
Address: <u>1812 9th Street</u> 1325 J Street, Suite 1700 Sacramento, CA 95814 <u>95811</u>	Address: 3057 Briw Rd. Placerville, CA 95667
Phone: (916) 445-8696 <u>(916) 500-0577</u>	Phone: 530-295-6932 <u>530-295-6932</u>
Fax: (916) 445-4927 <u>(916) 623-4687</u>	Fax: None
Email: Accounting@mhsoac.ca.gov	Email: nita.wracker@edcgov.us <u>kimberly.mcadams@edcgov.us</u>



Signatures

This Agreement is executed between the parties by signature of their authorized representatives shown below:

El Dorado County Behavioral Health	
Business Address: 3057 Briw Rd., Suite B, Placerville, CA 95667-5335	
Person Signing: Evelyn Schaeffer	Title: Director
Signature:	Date:

Mental Health Services Oversight and Accountability Commission	
Business Address: 1812 9 th Street, Sacramento CA 95811	
Person Signing: Norma Pate	Title: Deputy Director
Signature:	Date: