

Purchase Agreement Amendment of State Hospital Beds

Fiscal Year 2018-19 through Fiscal Year 2019-20

California Department of State Hospitals

By signing this Memorandum of Understanding (MOU) Purchase Agreement Amendment, the Department of State Hospitals, County, and CalMHSA agree to amend the original FY 2014-15/FY 2015-16 MOU for the purchase of state hospital beds, that was extended through FY 2018-19 for one additional fiscal year through 2019-20.

Once this Amendment is signed by all parties contained in the original FY 2014-15/FY 2015-16 MOU, it shall become effective on July 1, 2019, and shall terminate on June 30, 2020.

| El Dorado County Name of County | |
|--|------------------|
| 20 | |
| Name: | Date |
| Sue Novasel, Chair, Board of Supervisors | |
| Dawan Utecht CalMHSA President or CalMHSA designee | 11-26-19 Date |
| Dawn DiBartolo Department of State Hospitals, | 12/24/19 Date |

Chief of Acquisitions and Business Services Office

Contract #: 265-M1610 AMD II Org. Code: 5320 5340 550

| Date Prepared: | 0/30/19 9/5/19 | Need Date: | 9/18/19 |
|---|--|--|---|
| PROCESSING D | EPARTMENT: | CONTRAC | TOR: |
| Department: | Health & Human Svcs Agency | Name: _ | CA Dept of State Hospitals |
| Dept. Contact: | Ashley Wells | Address: _ | 1600 Ninth Street, Room 150 |
| Phone #: | x6906 | | Sacramento, CA 95814 |
| Department | 00 (| Phone: _ | 916-859-4818 (CalMHSA) |
| CONTRACTING I | Donald Semon, Director Introller Notified N/A – Under DEPARTMENT: HHSA – Behar | vioral Health | (return to CalMHSA) VE SEP 03 2019 BY: KHA ISPM |
| | d: MOU with CDSH and CalMH | | |
| | 07/01/14 - 06/30/20 (+ 1YR) | | |
| | Human Resources requirements? | | Yes No: |
| Compliance verifie | ed by: Purchase of beds – Not b | argaining unit wo | rk |
| Approved: | Disapprove all contracts Disapproved: Disapproved: Disapproved: | Date: 91410 | By: AR By: At needs to be |
| | PLEASE FORWARD TO RISK N | MANACEMENT TH | IANK VOLU |
| RISK MANAGEMI Approved: Approved: | ENT: (All contracts and MOU's e Disapproved: Disapproved: | | |
| Mute | al Indemnification | approved | , |
| | 0 | 0" | |
| NOTE: Any contract t electronic information, related, especially tho | , the acquisition of software or comput | on, implementation, ser related items, or munications, must be | storing, retrieving, transfer, or sending of any other service/item that may be IT be approved by IT before submission to |
| Approved: | Disapproved: | Date: | By: |
| Approved: | Disapproved: | Date: | By: |
| PLEASE EMA Chief Fiscal Officer A/P or A/R Mgr Approval: | AIL HHSA CONTRACTS@1 Xollings 8/21/19 8/24/19 | 5- | inistration and Contracts Date $ 0 8 23 9$ |
| | Initials/Date | | Initials/Date |

Rev. 12/2000 (GS-GVP)

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