CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY PARTICIPATION AGREEMENT AMENDMENT COVER SHEET

| 1. | El Dorado County ("Participant") desire | s to participate in the Program identified below. |
|---|--|---|
| | Name of Program: North Valley Suicide | Prevention Hotline |
| 2. | This Participation Agreement Amendment extends the current term for one additional fisca year, from 7/1/2021 to 6/30/2022, for a funding amount not to exceed \$11,888.48. | |
| 3. | All other terms of Participation Agreement No. 462-2019-NVSPH-EDC and 462-2019-NVSPH | |
| | EDC-A1 shall remain in full force and ef | fect. |
| 4. | Authorized Signatures: | |
| CalMHSA DocuSigned by: | | |
| Signed | Amic Miller | Name (Printed): Amie Miller, PsyD., LMFT |
| Title: E | xecutive Director | Date: |
| | | |
| Participant: El-DORADO COUNTY Signed: Name (Printed): John Hidahl | | |
| | Chair, Board of Supervisors | Date: 5-18-21 |
| Title | Signif Dodia of Supervisors | Date. |