

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT AMENDMENT
COVER SHEET

1. Nevada County ("Participant") desires to participate in the Program identified below.
Name of Program: Inter-Member Transfer(s)
2. This Participation Agreement Amendment extends the current term for one additional year, commencing July 1, 2018, through and including June 30, 2022.
3. Funding - An administration fee of \$380.44, is payable on or before July 1, 2021, for the administration and operation of the program.

NOTE: Upon the initial funding amount being reduced to 20%, CalMHSA will send a request for replenishment funding based on actual transactions performed

4. All other terms of the initial Participation Agreement shall remain in full force and effect.

Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Amie Miller, PsyD., MFT

Title: Executive Director Date: _____

Participant: NEVADA COUNTY

Signed: _____ Name (Printed): _____

Title: Chair, Board of Supervisors Date: _____