

**COUNTY OF SANTA CRUZ**  
**AMENDMENT NO. 1 TO CONTRACT**

The parties hereto desire to amend that certain Contract No. 26H0539 dated June 25<sup>th</sup>, 2025 (“Contract”), by and between the County of Santa Cruz through the Health Services Agency (“COUNTY”) and Front Street, Inc (“CONTRACTOR”) in the manner described below.

**BACKGROUND/PURPOSE OF AMENDMENT:**

This contract provides various outpatient and residential services to adult and transition age mental health consumers. It is being amended to properly align CalAIM programming among the various Front Street contracts by removing one of the residential sites (Willowbrook Residential Care) and outpatient services.

NOW THEREFORE, the Parties mutually agree as follows:

1. Exhibit A is hereby amended as follows:

Delete existing Exhibit A and replace with Amended Exhibit A.

2. Exhibit A Attachment A-1 is hereby amended as follows:

Delete existing Exhibit A Attachment A-1 and replace with Amended Exhibit A Attachment A-1.

3. Section 1.E. of Exhibit B is hereby amended to read as follows:

**E. Residential Rates:** COUNTY will pay CONTRACTOR for direct services as follows for COUNTY approved clients/services:

a. Board and Care

- i. Front Street Residential Care      \$60.13/day
- ii. Wheelock Residential Care      \$103.24/day

4. Budget Grid Summary of Exhibit B is hereby amended as follows:

Delete existing Budget Grid Summary and replace with Amended Budget Grid Summary, pages 5 and 6 of Exhibit B.

5. Section 1 of Attachment X-1 of Exhibit X is hereby deleted.
6. Except as modified herein, the Contract shall remain in full force and effect. In the event of a conflict between the provisions of this Amendment and the Contract, the provisions of this Amendment shall govern.

[Signatures on Following Page]

CONTRACTOR

Signed by:  
By: Jonathan P Butler  
JP Butler  
Vice President

Date: 9/29/2025

COUNTY OF SANTA CRUZ

DocuSigned by:  
By: [Signature]  
Director of Health Services or Designee  
Health Services Agency

Date: 9/29/2025

APPROVED AS TO FORM

DocuSigned by:  
By: [Signature]  
Office of the County Counsel

Date: 9/15/2025

APPROVED AS TO INSURANCE

Signed by:  
By: Gina Borasi  
Risk Management

Date: 9/15/2025

## COUNTY OF SANTA CRUZ

### AMENDED EXHIBIT A – Scope of Services

#### PART 01 – Residential Programs

Program: **Front St. Residential Care**  
Program Code / Description: FR-FRNT / Front – Front St-Adult Residential  
Provider No.: 4439  
Program Address: 126 Front Street, Santa Cruz, CA 95060  
Program Telephone: (831) 427-3387

Program Name: **Wheelock Residential Care**  
Program Code / Description: FR-WHEEL / Front - Adult Wheelock Residential  
Provider No.: 44CZ  
Program Address: 100 & 102 Wheelock Road, Watsonville, CA 95076-9719  
Program Telephone: (831) 768-0941

CONTRACTOR agrees to and will exercise special skill to accomplish the following results:

#### 1. PROGRAM INTENT – RESIDENTIALS PROGRAMS

- a. Primary Task: The purpose of CONTRACTOR's programs is to provide recovery oriented integrated mental health services within a continuum of supervised and supportive residential settings. CONTRACTOR provides services that focus on assisting clients to live in the least restrictive level of care and to enhance one's quality of life. Emphasis is placed on enhancing an individual's ability to live independently. The programs may utilize a variety of tools that will assist individuals with Daily Living Skills, and will provide linkage to employment, education, and community integration.
- b. Description of Client Population: Serious mentally ill adults and older adults who are residents of Santa Cruz County and in services with COUNTY. The specific target population is adults who have required long-term institutional psychiatric care in the past or are at risk of requiring long-term care without appropriate treatment supports.
- c. Description of Services: Under the terms of this Agreement, CONTRACTOR operates two (2) Licensed Residential Care Facilities, Front St. Residential Care, and Wheelock Residential Care. CONTRACTOR will accept referrals to the residential programs through the authority of COUNTY operated Housing Council. In addition to

residential operations, CONTRACTOR will also provide Mental Health Care and Coordinated Services to most residents (see part 02 – Outpatient Services). Overall capacity may change as indicated to adjust for County of Santa Cruz Health Officer isolation/quarantine guidelines, incorporated into this Agreement by reference. Residential programs are described as follows:

Facility	# of Beds (full capacity)	Type of Facility	Services
Front St Residential Care	47	Adult Residential Facility (ARF)	<ul style="list-style-type: none"> <li>• 24-hour supervision for individuals with a serious and persistent mental illness</li> <li>• Medication and medical support</li> </ul>
Wheelock Residential Care	16	Adult Residential Facility (ARF)	<ul style="list-style-type: none"> <li>• Mental health services</li> <li>• Independent/daily living skills</li> <li>• Money management</li> <li>• Structured activities</li> <li>• House and council meetings</li> </ul>

**2. PRIMARY ROLES AND RESPONSIBILITIES**

- a. CONTRACTOR Roles and Responsibilities include:
  - i. Provide recovery-oriented residential and independent housing support for placed individuals; and
  - ii. Submit a proposed line-item budget to COUNTY for review and approval. If subsequent expenditure differs from the approved budget by five percent (5%) or more for any line item grouping or category, CONTRACTOR must promptly submit a revised budget request for review and approval by COUNTY Behavioral Health Director or their designee.
- b. COUNTY Roles and Responsibilities include:
  - i. Provide target population referrals from COUNTY.
  - ii. Review and approval of budgets by COUNTY Behavioral Health Director or their designee.
  - iii. Evaluation of key indicators and outcomes.

**3. SYSTEM INTENT**

- a. Geographic area serviced: County of Santa Cruz.
- b. Quality Assurance Program: CONTRACTOR shall maintain certification

and comply with the standards set by the California Department of Social Services, Community Care Licensing Division, incorporated into this Agreement by reference. CONTRACTOR shall also comply with standards set forth by the COUNTY Quality Improvement Committee, incorporated into this Agreement by reference. CONTRACTOR shall attend all Quality Assurance meetings.

- c. Fair Hearing Practice: Complaints and grievances brought by clients participating in Community Services and Support may go through an internal review process, and clients will also be informed of the COUNTY's grievance process per the Mental Health Plan. Medi-Cal beneficiaries will be provided all rights under the State guidelines, incorporated into this Agreement by reference. In addition, formal grievance hearing procedures are established for residents in State funded housing in accordance with State guidelines, incorporated into this Agreement by reference.
- d. Community Care License: CONTRACTOR shall maintain the Community Care License at all times with all deficiencies corrected as required by the California Department of Social Services, Community Care Licensing Division.

4. **PERFORMANCE MEASURES and REPORTING REQUIREMENTS:**

CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1

Reports will be submitted via email to: [SCCBH@santacruzcountyca.gov](mailto:SCCBH@santacruzcountyca.gov)

**- END OF AMENDED EXHIBIT A, PART 01 -**

## COUNTY OF SANTA CRUZ

### AMENDED EXHIBIT A – Scope of Services

#### PART 02 - Outpatient Services

Program: **Front St. MHSS Outpatient**  
Program Code / Description: FR-FRNTOP / Front – Front St-Adult Outpatient  
Provider No.: 44AV  
Program Address: 126 “A” Front Street, Santa Cruz, CA 95060  
Program Telephone: (831) 427-9343

Program Name: **Wheelock MHSS Outpatient**  
Program Code / Description: FR-WHLKOP / Front – Adult Wheelock Outpatient  
Provider No.: 44C1  
Program Address: 98 Wheelock Rd., Watsonville, CA 95076-9719  
Program Telephone: (831) 768-9778

CONTRACTOR agrees to and will exercise special skill to accomplish the following results:

#### 1. PROGRAM INTENT – MENTAL HEALTH SUPPORT SERVICES (MHSS) – RESIDENTS

- a. Primary Task: The purpose of CONTRACTOR’s programs is to provide recovery oriented integrated mental health services within a continuum of supervised and supportive residential settings. CONTRACTOR provides services that focus on assisting clients experiencing mental illness to live in the least restrictive level of care and to enhance one’s quality of life. Emphasis is placed on enhancing an individual’s ability to live independently. The programs may utilize a variety of tools that will assist individuals with Daily Living Skills, and will provide linkage to employment, education, and community integration. CONTRACTOR will provide Mental Health Care and Coordinated Services to most residents in their residential care.
- b. Description of Services: Mental Health Support Services (MHSS) provide interventions that maximize functioning and quality of life for participants. These services assist clients in decreasing symptoms or behaviors that can result in utilization of higher levels of care. Services will include, but are not limited to, assessment, evaluation, plan development, rehabilitation, and collateral. CONTRACTOR multi-disciplinary teams include a licensed social worker/licensed family therapist, mental health coordinators and peers as available. The teams provide coordinated care

to most residents and offer recovery-oriented support services. Coordinated care includes case management/brokerage and crisis intervention as well as individual and group therapy services using a variety of psychotherapeutic theories and tools to promote recovery and guide treatment. Therapeutic interventions provided are designed specifically around a client's needs providing psychoeducational groups, skills development, cognitive behavioral/problem-solving, support groups, and interpersonal process groups. MHSS programs are intended to provide support while consumers work toward individual recovery goals.

## **2. PRIMARY ROLES AND RESPONSIBILITIES**

### **a. CONTRACTOR Roles and Responsibilities include:**

- i. Provide recovery-oriented residential and independent housing support for placed individuals, and
- ii. Provide services in a collaborative service team with COUNTY staff or other community providers to provide intensive wrap around services to consumers and support them living in the least restrictive setting in the community, inclusive of housing support, medication management, weekend case management, and occupational therapy services.

### **b. COUNTY Roles and Responsibilities include:**

- i. Provide referrals to CONTRACTOR.
- ii. Evaluation of key indicators and outcomes.

## **3. SYSTEM INTENT**

**a. Geographic area serviced:** County of Santa Cruz.

**b. Quality Assurance Program:** CONTRACTOR shall maintain certification and comply with the standards set by the California Department of Social Services, Community Care Licensing Division, incorporated into this Agreement by reference. CONTRACTOR shall also comply with standards set forth by the COUNTY Quality Improvement Committee, incorporated into this Agreement by reference. CONTRACTOR shall attend all Quality Assurance meetings.

**c. Fair Hearing Practice:** Complaints and grievances brought by clients participating in Community Services and Support may go through an internal review process, and clients will also be informed of the COUNTY's grievance process per the Mental Health Plan. Medi-Cal beneficiaries will be provided all rights under the State guidelines, incorporated into this Agreement by reference. In addition, formal grievance hearing procedures are established for residents in State funded housing in accordance with State guidelines, incorporated into this Agreement by reference.

**d. Community Care Licensing:** CONTRACTOR shall maintain the Community Care License with all deficiencies corrected as required by the California Department of Social Services, Community Care Licensing Division.

4. **PERFORMANCE MEASURES and REPORTING REQUIREMENTS:**  
CONTRACTOR will provide Performance Outcome Reports as detailed in Attachment A-1.  
Reports will be submitted via email to: [SCCBH@santacruzcountyca.gov](mailto:SCCBH@santacruzcountyca.gov)

**- END OF AMENDED EXHIBIT A, PART 02 -**

Contractor: Front St.

Contract No. 539

**COUNTY OF SANTA CRUZ  
AMENDED ATTACHMENT A-1 - Performance Outcome Reports and Due Dates**

“CONTRACTOR shall provide the following report to the COUNTY by email with Subject Line: "Contractor Name Contract Number Reporting Period" at SCCBH@santacruzcounty.us on the schedule and in the format provided below.”

Reporting Frequency

Quarterly

Reporting Months

July-Sept	Oct-Dec	Jan-March	April-June	Annual
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Deadline:

1-Nov	1-Feb	1-May	1-Aug	1-Aug
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Date Submitted:

Area of Focus		Target	Q1	Q2	Q3	Q4	Annual
<b>Part 01 (Residential Programs)</b>							
Psychiatric Hospitalizations	<20% of unique residents experience hospitalization	20%					
Independent Living/Supported Housing	1% of residents will transition to Independent/Supported Housing	1%					
Bed Holds	Bed hold days						
Medical Hospitalizations Residential Programs	Number of medical hospitalizations						
<b>Part 02 (Outpatients Services)</b>							
Individual & Group Therapy Services	>80% residents will receive individual and/or group therapy services	80%					
Psychiatric Hospitalizations (Residential programs)	<20% of unique residents experience hospitalization	20%					
Independent Living/Supported Housing (Residential Programs)	1% of residents will transition to Independent/Supported Housing	1%					
Medical Hospitalizations (Residential Programs)	Number of medical hospitalizations						

LEGAL ENTITY: #00442 Front St., Inc.  
 FACILITY NAME: Front St./Wheelock  
 PROGRAM NAME: Adult Residential Programs  
 GL Key/Object Code: 363149/74065

FISCAL YEAR: 2025/2026  
 CONTRACT: 0539-01  
 DATE: 7/1/2025  
**AMENDMENT #1**

**SANTA CRUZ COUNTY  
 COMMUNITY MENTAL HEALTH  
 SERVICE AGREEMENT BUDGET  
 Budget Grid Summary  
 EXHIBIT B**

	CONTRACT TOTAL	(47/11)			
		FR-FRNT	FR-WHEEL		
FACILITY NAME		FR-FRNT	FR-WHEEL		
PROVIDER #		4439/44AZ	44CZ		
MODE		60	60		
SERVICE FUNCTION		40	40		
<b>CONTRACTOR'S GROSS COSTS</b>	<b>1,585,418</b>	<b>1,000,563</b>	<b>584,855</b>		
GRANT REVENUE					
PATIENT FEE REVENUE					
RDA/FSHI REVENUE					
OTHER REVENUE					
<b>CONTRACTOR'S SUBTOTAL REVENUES</b>					
<b>NET CONTRACT AMOUNT</b>	<b>1,585,418</b>	<b>1,000,563</b>	<b>584,855</b>		
MEDI-CAL (FFP ONLY)					
MHSA CSS	561,125	(0)	561,125		
REALIGNMENT	1,024,293	1,000,563	23,730		
OTHER - SB900					
<b>COUNTY'S TOTAL FUNDING SOURCES</b>	<b>1,585,418</b>	<b>1,000,563</b>	<b>584,855</b>		
<b>CONTRACT COST PER UNIT</b>		<b>60.13</b>	<b>103.24</b>		
<b>REIMBURSEMENT TYPE</b>		<b>RATE</b>	<b>RATE</b>		
<b>CONTRACT UNITS OF SERVICE</b>		<b>16,640</b>	<b>5,665</b>		

LEGAL ENTITY: #00442 Front St., Inc.  
 FACILITY NAME: Front St./Wheelock  
 PROGRAM NAME: Adult Outpatient  
 GL Key/Object Code: 363210/62381

FISCAL YEAR: 2025/2026  
 CONTRACT: 0539-02  
 DATE: 7/1/2025  
**AMENDMENT 1**

SANTA CRUZ COUNTY  
 COMMUNITY MENTAL HEALTH  
 SERVICE AGREEMENT BUDGET GRID  
**EXHIBIT B DETAIL**

PROGRAM CODE	CONTRACT TOTAL	INDIVIDUAL		GROUP
		FR-FRONTOP/ FR-WHLKOP		FR-FRONTOP/FR-WHLKOP
PROGRAM DESCRIPTION		Various Program Individual Adult Outpatient		Various Program Group Adult Outpatient
MODE		15		15
SERVICE FUNCTION		01-79		01-70
PRACTITIONER / PROGRAM TYPE		Licensed Practitioner of the Healing Arts (LPHA) (LCSW, ASW, LMFT, AMFT, LPCC & APCC)	Mental Health Resource Specialist	Mental Health Resource Specialist
PRACTITIONER AVATAR CODE		LPHA	MHRS	MHRS
CONTRACTOR'S GROSS COSTS	1,312,231	101,649	1,017,079	193,503
GRANT REVENUE				
PATIENT FEE REVENUE				
RDA/FSHI REVENUE				
OTHER REVENUE				
CONTRACTOR'S SUBTOTAL REVENUES				
<b>NET CONTRACT AMOUNT</b>	<b>1,312,231</b>	<b>101,649</b>	<b>1,017,079</b>	<b>193,503</b>
MEDI-CAL (FFP ONLY)	656,115	50,824	508,539	96,752
MHSA CSS	214,135	12,828	165,406	35,901
MHSA INN				
SB900				
REALIGNMENT/COUNTY	441,981	37,997	343,134	60,850
COUNTY'S TOTAL FUNDING SOURCES	1,312,231	101,649	1,017,079	193,503
CONTRACTOR'S COSTS	1,312,231	101,649	1,017,079	193,503
COUNTY'S DIRECT COSTS	190,273	14,739	147,476	28,058
TOTAL DIRECT COSTS	1,502,504	116,388	1,164,555	221,561
CONTRACT UNITS OF SERVICE	35,866	1,396	18,570	15,900
COST PER UNIT - TOTAL		83.34	62.71	13.93
<b>CONTRACT COST PER UNIT</b>		<b>72.79</b>	<b>54.77</b>	<b>12.17</b>
COUNTY COST PER UNIT		10.55	7.94	1.76
<b>REIMBURSEMENT TYPE</b>		<b>FFS Rate</b>	<b>FFS Rate</b>	<b>FFS Rate</b>
UNIT TYPE		1 Minute Rate	1 Minute Rate	1 Minute Rate
<b>CONTRACT UNITS OF SERVICE</b>		<b>1,396</b>	<b>18,570</b>	<b>15,900</b>
CONTRACT MEDI-CAL UNITS		1,396	18,570	15,900
CONTRACT MEDI-CAL %		100%	100%	100.0%
CONTRACT INDIGENT UNITS				
CONTRACT OTHER UNITS				

## Certificate Of Completion

Envelope Id: 453F9FF3-5AA7-45E8-B555-C16E03F882C5

Status: Completed

Subject: County of Santa Cruz Health Services Agency Contract - #26H0539 Amendment #1 Front St. Inc.

Source Envelope:

Document Pages: 12

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Todd Guin

AutoNav: Enabled

701 Ocean Street

Envelopeld Stamping: Enabled

Santa Cruz, CA 95060

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Todd.Guin@santacruzcountyca.gov

IP Address: 63.194.190.100

## Record Tracking

Status: Original

Holder: Todd Guin

Location: DocuSign

9/11/2025 2:08:19 PM

Todd.Guin@santacruzcountyca.gov

Security Appliance Status: Connected

Pool: FedRamp

Storage Appliance Status: Connected

Pool: County of Santa Cruz

Location: Docusign

## Signer Events

## Signature

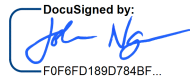
## Timestamp

John Nguyen

JOHN.NGUYEN@SANTACRUZCOUNTYCA.GOV

Lead Assistant County County Counsel

Security Level: Email, Account Authentication  
(None)

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Signature Adoption: Uploaded Signature Image  
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Signed: 9/15/2025 10:38:23 AM

## Electronic Record and Signature Disclosure:

Accepted: 6/12/2024 8:53:19 AM

ID: cff2bd5b-d3a4-40f2-aa61-cc2de5bbd9e3

Gina Borasi

GINA.BORASI@SANTACRUZCOUNTYCA.GOV

Risk Manager

County of Santa Cruz

Security Level: Email, Account Authentication  
(None)

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Signature Adoption: Pre-selected Style  
Using IP Address: 73.170.243.111

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Viewed: 9/15/2025 5:00:40 PM

Signed: 9/15/2025 5:08:00 PM

## Electronic Record and Signature Disclosure:

Accepted: 12/18/2023 9:38:58 AM

ID: 5f1392e5-7eb7-47e8-b6a6-baa8d5c3b8c6

Jonathan P Butler

jbutler@frontstadmin.com

Security Level: Email, Account Authentication  
(None)

Signed by:  
  
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Signature Adoption: Pre-selected Style  
Using IP Address: 75.71.39.226

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Resent: 9/29/2025 11:02:26 AM

Viewed: 9/29/2025 11:03:07 AM

Signed: 9/29/2025 11:03:34 AM

## Electronic Record and Signature Disclosure:

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ID: da932666-78ba-4e63-96ac-ceb48ffa732e

Jennifer Herrera

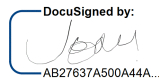
JENNIFER.HERRERA@SANTACRUZCOUNTYCA.

GOV

Health Services Agency (HSA) Assistant Director

County of Santa Cruz

Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
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Signature Adoption: Uploaded Signature Image  
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Viewed: 9/29/2025 11:42:08 AM

Signed: 9/29/2025 3:13:52 PM

## Electronic Record and Signature Disclosure:

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ID: adfbf871-ce91-4e73-80d4-0f78b849cdb5

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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HSA ADMIN  
HSA.AdminProcessing@santacruzcountyCA.GOV  
Security Level: Email, Account Authentication (None)

**VIEWED**

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Completed: 9/12/2025 12:11:10 PM

**Electronic Record and Signature Disclosure:**

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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Lauren Bloch  
Lauren.Bloch@santacruzcountyca.gov  
County of Santa Cruz  
Security Level: Email, Account Authentication (None)

**COPIED**

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**Electronic Record and Signature Disclosure:**

Accepted: 6/17/2022 4:10:29 PM  
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HSA ADMIN  
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**COPIED**

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**Electronic Record and Signature Disclosure:**

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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	9/29/2025 11:42:08 AM
Signing Complete	Security Checked	9/29/2025 3:13:52 PM
Completed	Security Checked	9/29/2025 3:13:55 PM

Payment Events	Status	Timestamps
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**Electronic Record and Signature Disclosure**

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, County of Santa Cruz (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact County of Santa Cruz:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us)

### **To advise County of Santa Cruz of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from County of Santa Cruz**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with County of Santa Cruz**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [nada.algharib@santacruzcounty.us](mailto:nada.algharib@santacruzcounty.us) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
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- Until or unless you notify County of Santa Cruz as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by County of Santa Cruz during the course of your relationship with County of Santa Cruz.