

EXHIBIT "C"

PAYMENT SCHEDULE

The Mental Health Clinician will invoice the County

7/03/2023-7/07/2023, 1 week @ \$1,020 per week = \$1,020

7/10/2023-7/14/2023, 1 week @ \$1,020 per week = \$1,020

7/17/2023-7/21/2023, 1 week @ \$1,020 per week = \$1,020

7/24/2023-7/28/2023, 1 week @ \$1,020 per week = \$1,020

7/31/2023, 1 day @ \$204.00 per day = \$204.00

for a total of \$4,284.00 per the agreement.