

BOS AGREEMENT NO. **24-014-A1**

AMENDMENT #2

Original Agreement	BOS-24-014
Amendment 1	SS-23-085

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-24-014**

This second Amendment to Agreement No. BOS-24-014 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **CITY OF FORT BRAGG**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-014 was entered into on December 1, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. BOS-24-014 was entered into on June 12, 2024 (the "First Amendment") extending the term through April 30, 2025; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date from April 30, 2025 to April 30, 2026; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$81,900 from \$81,900 to \$163,800; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update the Exhibit B, Payment Terms to reflect increased motel vouchers and clerical support for the extended period of services.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Agreement is hereby extended from April 30, 2025 to April 30, 2026.
2. The total contracted amount set out in the Agreement is hereby increased by \$81,900 from \$81,900 to \$163,800.
3. The Exhibit B, Payment Terms set out in the Agreement is hereby altered and a

new Exhibit B is attached herein.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF


DEPARTMENT FISCAL REVIEW:

By: 
DEPARTMENT HEAD

Date: 5/10/2025

Budgeted: Yes
Budget Unit: 0446
Line Item: 86-3112
Org/Object Code: VRH10, HHAP
Grant: Yes
Grant No.: 22-HHAP-20041 and/or
23-HHAP-10035

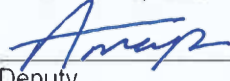
COUNTY OF MENDOCINO

By: 
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 05/20/2025

ATTEST:

DARCIE ANTLE, Clerk of said Board

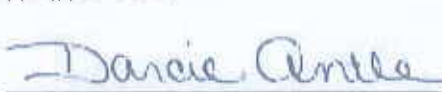
By: 
Deputy 05/20/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

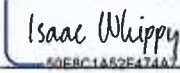
By: 
Deputy 05/20/2025

INSURANCE REVIEW:

By: 
Risk Management

Date: 05/07/2025

CONTRACTOR/COMPANY NAME

By: 
Issac Whippy, City Manager

Date: 5/9/2025

NAME AND ADDRESS OF CONTRACTOR:

CITY OF FORT BRAGG
250 Cypress Street
Fort Bragg, CA 95437
707-961-2804
iwhippy@fortbragg.com

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM

By: 
COUNTY COUNSEL

Date: 05/07/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 05/07/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ RFP-040-23
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: City Entity

EXHIBIT B

PAYMENT TERMS

I. COUNTY will pay CONTRACTOR as per the following instructions:

Expenditure	Units	Cost	Total
Motel Vouchers (\$129/night +taxes)	Up to 927 rooms	Up to \$146/room	No more than \$135,396.63
Clerical Support	Up to 1,110 hours	\$21.00/hr	No more than \$23,325.75
Social Services Liaisons – Overtime for Room Checks & Outreach	N/A	\$31.50/hr	\$3,399.98
Indirect Administrative Costs	N/A		\$1,677.59
TOTAL			Up to \$163,800

A. Submission of claims and reports (Attachment 1) will comply as follows:

1. CONTRACTOR shall submit original receipts and invoices for actual costs. This includes CONTRACTOR and subcontractor timesheets, payroll reports and paycheck stubs for all invoices that include personnel expenses.
2. CONTRACTOR shall submit invoices by the fifteenth (15th) day of the month for all services provided to clients in the previous month. Invoices shall be submitted to:

Veronica Wilson, Program Administrator, or designee
Adult and Aging Services – HCU, Department of Social Services
747 S. State St.
Ukiah, CA 95482
wilsonv@mendocinocounty.gov

3. Invoices submitted ninety (90) days past the due date must be accompanied by a letter explaining why the invoice is late. COUNTY has the sole authority to determine whether to approve or disapprove payment of the late invoice.
4. COUNTY shall not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.

B. This is a one-time project and the CONTRACTOR should make no assumption of continued funding from the COUNTY for this purpose at the end of this contract period.

II. Payments under this Agreement shall not exceed One Hundred Sixty-Three Thousand Eight Hundred Dollars (\$163,800) for the term of this Agreement.

[END OF PAYMENT TERMS]

