BOS AGREEMENT NO. _____

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 $54,900 from $81,900 to $136,800.

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 $54,900 from $81,900 to $136,800.

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: 4/16/25

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: _____

ATTEST:
DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

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

INSURANCE REVIEW:

By: _____
Risk Management

Date: 03/21/2025

CONTRACTOR/COMPANY NAME

By: Isaac Whippy
50E8C1A52FA74A7...
Isaac Whippy, City Manager

Date: 3/24/2025

NAME AND ADDRESS OF CONTRACTOR:

CITY OF FORT BRAGG
250 Cypress Street
Fort Bragg, CA 95437
707-961-2804
ncervenka@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: 03/21/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO or Designee

Date: 03/21/2025

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