

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 23-042**

This Amendment to BOS Agreement No. 23-042 is entered into this day of , 2023, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and KRONICK, MOSKOVITZ, TIEDEMANN & GIRARD, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 23-042 was entered into on 3/28/23; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and KRONICK, MOSKOVITZ, TIEDEMANN & GIRARD, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase to total amount payable by \$200,000 from \$200,000 to \$400,000.

NOW, THEREFORE, we agree as follows:

1. The total amount payment set out in the original BOS Agreement No. 23-042 will be increased by \$200,000 from \$200,000 to \$400,000.

All other terms and conditions of BOS Agreement No. 23-042 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

CONTRACTOR/COMPANY NAME

By: [Signature]
DEPARTMENT HEAD

10/18/2023

DATE

By: [Signature]

Date: October 10, 2023

Budgeted: ☒ Yes ☐ No

NAME AND ADDRESS OF CONTRACTOR:

Budget Unit: 0713

Kronick, Moskovitz, Tiedemann & Girard

Line Item: 863320

1331 Garden Hwy, 2nd Floor

Grant: ☐ Yes ☒ No

Sacramento, CA 95833

Grant No.: _____

COUNTY OF MENDOCINO

By: [Signature]
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

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.

Date: 10/31/2023

ATTEST:

DARCIE ANTLE, Clerk of said Board

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: [Signature]
Deputy 10/31/2023

CHRISTIAN M. CURTIS,
County Counsel

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

By: [Signature]
Deputy

DARCIE ANTLE, Clerk of said Board

Date: 10/18/2023

By: [Signature]
Deputy 10/31/2023

INSURANCE REVIEW:

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Risk Management

By: [Signature]
Deputy CEO or Designee

Date: 10/18/2023

Date: 10/18/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐ _____

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____