

# MENDOCINO COUNCIL OF GOVERNMENTS

## EXTENSION of AGREEMENT for PROFESSIONAL SERVICES

### Countywide Safe Routes to School Non-Infrastructure Project

This **Extension** of the Professional Services Agreement between the Mendocino Council of Governments, hereinafter referred to as "**MCOG**" and County of Mendocino Health & Human Services Agency, hereinafter referred to as "**HHSA**," effective July 7, 2015, is now entered into as of March 26, 2018, by and between **MCOG** and **HHSA**.

WHEREAS:

The Professional Services Agreement expired on March 26, 2018;

**MCOG** and **HHSA** agree to the following amendments:

6. TERM OF AGREEMENT

The term of this Agreement shall be extended from March 27, 2018 to January 31, 2019.

All work by **HHSA** shall be completed and all deliverables submitted to and in the possession of **MCOG** by December 31, 2018.

ALL OTHER TERMS AND CONDITIONS of the original Agreement and Amendments shall remain in full force and effect unless amended in writing by both **MCOG** and **HHSA**.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized officers to execute this Agreement in duplicate, retroactively effective March 26, 2018.

See attached signature page

Phillip J. Dow, PE, Executive Director  
Mendocino Council of Governments

Date \_\_\_\_\_

*A. Molgaard*

Anne Molgaard, Acting Director  
County of Mendocino  
Health & Human Services Agency

Date 6/10/18

**IN WITNESS WHEREOF  
DEPARTMENT FISCAL REVIEW:**

By: *A. Molgaard*  
Anne Molgaard, Acting HHS Director

Date: 6/10/18

Budgeted:  Yes  No

Budget Unit: 4010

Line Item: 82-5810

Org/Object Code: PHATP

Grant:  Yes  No

Grant No.:

**COUNTY OF MENDOCINO**

By: *Dan Hamburg*  
DAN HAMBURG, Chair  
BOARD OF SUPERVISORS

Date: JUL 10 2018

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board  
By: *Karla Van Hagen*  
Deputy JUL 10 2018

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

CARMEL J. ANGELO, Clerk of said Board  
By: *Karla Van Hagen*  
Deputy JUL 10 2018

**INSURANCE REVIEW:**

By: *Carmel J. Angelo*  
Risk Management

Date: 6/20/18

**CONTRACTOR/COMPANY NAME**

By: *See attached page*  
Phillip J. Dow, Executive Director

Date: \_\_\_\_\_

**NAME AND ADDRESS OF CONTRACTOR:**

Mendocino Council of Governments  
367 N. State St. Suite 206  
Ukiah, CA 95482  
707-234-3314; dowp@dow-associates.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:

KATHARINE L. ELLIOTT,  
County Counsel

By: *Charlotte Scott*  
Deputy

Date: 6/14/18

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: *Janette Rau*  
Deputy CEO

Date: 6/20/18

**Signatory Authority:** \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**  
**Exception to Bid Process Required/Completed**  N/A  
**Mendocino County Business License: Valid**   
**Exempt Pursuant to MCC Section:** government entity

**IN WITNESS WHEREOF  
DEPARTMENT FISCAL REVIEW:**

By: \_\_\_\_\_  
Anne Molgaard, Acting HHSA Director

Date: \_\_\_\_\_

Budgeted:  Yes  No

Budget Unit: 4010

Line Item: 82-5810

Org/Object Code: PHATP

Grant:  Yes  No

Grant No.:

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
DAN HAMBURG, Chair  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**ATTEST:**

CARMEL J. ANGELO, 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.

CARMEL J. ANGELO, Clerk of said Board

By: \_\_\_\_\_  
Deputy

**INSURANCE REVIEW:**

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

**CONTRACTOR/COMPANY NAME**

By: Nephele Barrett  
Nephele Barrett, Executive Director

Date: 6-21-18

**NAME AND ADDRESS OF CONTRACTOR:**

Mendocino Council of Governments

367 N. State St. Suite 206

Ukiah, CA 95482  
707-234-3314; dowp@dow-associates.com

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**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,  
County Counsel

By: \_\_\_\_\_  
Deputy

Date: \_\_\_\_\_

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By: \_\_\_\_\_  
Deputy CEO

Date: \_\_\_\_\_

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed  N/A  
Mendocino County Business License: Valid   
Exempt Pursuant to MCC Section: government entity