AMENDMENT TO PURCHASING AGENT AGREEMENT NO. 16-59

This Amendment to Agreement No. <u>PA16-59</u> is entered into this <u>MTM</u> day of <u>DMC</u>, 2017, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and <u>VSP</u>, hereinafter referred to as "CONTRACTOR".

WHEREAS, PA Agreement No. 16-59 was entered into on January 1, 2016; and

WHEREAS, PA Agreement No. <u>16-59</u> was amended effective January 1, 2017 by PA Agreement No. 17-72A1; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and <u>VSP</u>, 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 extend the termination date set out in the original PA Agreement No. <u>16-59</u>, from <u>December 31, 2017</u> to <u>December 31, 2018</u>; and

WHEREAS, COUNTY agrees to the revised Per Employee Per Month (PEPM) rates, attached as Exhibit A, effective January 1, 2018; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to increase the Agreement by \$56,000 for year three, for a total Agreement amount not to exceed \$152,000.

NOW, THEREFORE, we agree as follows:

- 1. The termination date set out in the original PA Agreement No. <u>16-59</u> as amended by PA Agreement No. 17-72A1, will be extended from <u>December 31, 2017</u> to December 31, 2018.
- 2. To the revised Per Employee Per Month (PEPM) rates, attached as Exhibit A, effective January 1, 2018.
- 3. To increase the Agreement by \$56,000 for year three, for a total Agreement amount not to exceed \$152,000.

All other terms and conditions of PA Agreement No. $\underline{16-59}$ shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have year first above written.	executed this Agreement as of the day and
DEPARTMENT FISCAL REVIEW:	CONTRACTOR/COMPANY NAME:
Need M. Burham 12/11/19	SEE ATTACHED
DEPARTMENT HEAD DATE	By: Signature Page
Budgeted: X Yes No	NAME AND ADDRESS OF CONTRACTOR:
Budget Unit: 0715	VSP
Line Item: 862239	VOF
Grant: Yes No	3333 Quality Dr.
Grant No.:	Rancho Cordova, CA. 95670
By: JOHN MCCOWEN, 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
ATTEST:	COUNTY COUNSEL REVIEW:
CARMEL J. ANGELO, Clerk of said Board	APPROVED AS TO FORM:
By that tagu	
Deputy	KATHARINE L. ELLIOTT, County Counsel
I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.	By:
CARMEL J. ANGELO, Clerk of said Board	Deputy
By: Karla Van Hagen	
INSURANCE REVIEW:	
By: Risk Management	
EXECUTIVE OFFICE/FISCAL REVIEW:	
APPROVAL RECOMMENDED	
By: Deputy CEO	
Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Pt	urchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed Mendocino County Business License: Valid Exempt Pursuant to MCC Section:	

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and DEPARTMENT FISCAL REVIEW: CONTRACTOR/COMPANY NAME: STRATEGISTS, INC DE DATE Budgeted: ⊠ Yes ☐ No NAME AND ADDRESS OF CONTRACTOR: Budget Unit: 0715 Line Item: 862239 **VSP** Grant: Yes No 3333 Quality Dr. Grant No. Rancho Cordova, CA. 95670 COUNTY OF MENDOCINO By signing above, signatory warrants represents that he/she executed this Agreement in his/her authorized capacity and By: that by his/her signature on this Agreement, JOHN MCCOWEN, Chair he/she or the entity upon behalf of which BOARD OF SUPERVISORS he/she acted, executed this Agreement ATTEST: COUNTY COUNSEL REVIEW: CARMEL J. ANGELO, Clerk of said Board APPROVED AS TO FORM: Deputy KATHARWE L. ELLIOTT, County Counsel 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 Deputy By: Deputy **INSURANCE REVIEW:** By: Risk Management EXECUTIVE OFFICE/FISCAL REVIEW: APPROVAL RECOMMENDED By: Deputy CEO 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: