

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. BOS 16-061**

This Amendment to BOS Agreement No. BOS 16-061 is entered into this 19TH day of JUNE, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and Deborah Yacobellis, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. BOS 16-061 was entered into on 07/19/2016; and

WHEREAS, upon execution of this document by the County of Mendocino and the Contractor, 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 Agreement No. BOS 16-061, from 06/30/2018 to 06/30/2019; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the "not to exceed" value set out in Agreement No. BOS 16-061, from \$90,000 to \$115,000.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the original Agreement No. BOS 16-061 will be extended from 06/30/2018 to 06/30/2019.
2. The compensation payable in Agreement No. BOS 16-061 will be increased from a "not to exceed" value of \$90,000 to \$115,000.

All other terms and conditions of Agreement No. BOS 16-061 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:

DEPARTMENT HEAD

DATE

Budgeted: ☒ Yes ☐ No

Budget Unit: PB

Line Item: 862189

Grant: ☐ Yes ☒ No

Grant No.: _____

COUNTY OF MENDOCINO

By: _____

DAN HAMBURG, Chair
BOARD OF SUPERVISORS

JUN 20 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____

Deputy

JUN 20 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: _____

Deputy

JUN 20 2018

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: _____

CONTRACTOR/COMPANY NAME:

By: _____

For Contractor's Signature,
please see page 2a.

NAME AND ADDRESS OF CONTRACTOR:

Deborah Yacobellis

228 Oakdale Ave

Mill Valley, CA 94941

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: _____

Deputy

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

DEPARTMENT FISCAL REVIEW:

DEPARTMENT HEAD _____ DATE _____

Budgeted: ☒ Yes ☐ No

Budget Unit: PB

Line Item: 862189

Grant: ☐ Yes ☒ No

Grant No.: _____

COUNTY OF MENDOCINO

By: _____

DAN HAMBURG, Chair
BOARD OF SUPERVISORS

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

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: _____

CONTRACTOR/COMPANY NAME:

By:  _____

NAME AND ADDRESS OF CONTRACTOR:

Deborah Yacobellis

228 Oakdale Ave

Mill Valley, CA 94941

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: _____
Deputy