



DDS AGREEMENT # *18-016-A1

U.S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Springfield, Virginia 22152

AGREEMENT NUMBER: 2018-26

AMENDMENT NUMBER: 01

THIS AMENDMENT, dated June 06, 2018, to Letter of Agreement Number (LOA) 2018-26 between the **MENDOCINO COUNTY SHERIFF'S OFFICE**, hereinafter referred to as (**THE AGENCY**), and the **Drug Enforcement Administration (DEA)** is for the purpose of INCREASING the amount of funds provided by the DEA to the above state/county agency.

Upon application and for good cause having been shown, the **DEA** agrees to amend the LOA with **THE AGENCY** to increase funds in the amount of **SIXTY THOUSAND DOLLARS (\$60,000.00)** in addition to the **NINETY-EIGHT THOUSAND DOLLARS (\$98,000.00)** originally agreed to in paragraph 2 of the LOA to defray costs relating to the eradication and suppression of marijuana. Total allocation for LOA Number **2018-26** is now **ONE HUNDRED FIFTY-EIGHT THOUSAND DOLLARS (\$158,000.00)**. All other provisions of the Letter of Agreement remain the same.

THE AGENCY's current DUNS No. is 782063531.

THE AGENCY's opportunity to enter into this Agreement with DEA and to receive the Federal funds expires thirty days from date of issuance. Agreement issued on June 18, 2018.

MENDOCINO COUNTY SHERIFF'S OFFICE

Printed Name: Thomas D. Allman

Signature: [Signature] (Blue Ink Only)

Title: Sheriff Date: 6-19-18

Agency, please submit original signed LOA & associated paperwork to your DEA Regional Contractor.

DRUG ENFORCEMENT ADMINISTRATION

Printed Name Christopher D. Nielsen

Signature: _____ (Blue Ink Only)

Special Agent in Charge – San Francisco Field Division Date: _____

SAC, please submit original signed LOA & associated paperwork to your Fiscal Office.

**DEA DIVISIONAL FISCAL CLERK MUST INPUT INTO UFMS & COMPLETE THE
BOTTOM OF THIS SECTION**

ACCOUNTING CLASSIFICATION/OBLIGATION NUMBER:

2018/AFF-B-OP/OM/8210000/DEA-JLE/DCE: _____

UFMS Input Date: _____ DNC No. _____

DNO No. _____ DDP No. _____

Printed Name: _____ Signature: _____

Fiscal, please submit original signed LOA & associated paperwork to your DEA Regional Contractor.

IN WITNESS WHEREOF

MCSO FISCAL REVIEW:

Tom Allman 6-20-2018
SHERIFF DATE

Budgeted: ☒ Yes ☐ No

Budget Unit: 2310

Line Item: SO

Grant: ☒ Yes ☐ No

Grant No.: 2018-26

COUNTY OF MENDOCINO

By: Dan Hamburg
DAN HAMBURG, Chair
BOARD OF SUPERVISORS

Date: JUL 24 2018

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Karla Vant Hagen
Deputy
JUL 25 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 Vant Hagen
Deputy
JUL 25 2018

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 6-28-18

CONTRACTOR/COMPANY NAME

By: See page 2

Date: See page 2

NAME AND ADDRESS OF CONTRACTOR:

DEA San Francisco

450 Golden Gate Ave. 14th Floor

San Francisco, Ca. 94102

PH: 415-436-7777 EM: SFO-DCESP@usdoj.gov

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: B. Blatto
Deputy

Date: 6/21/18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO

Date: 6/28/18

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 - revenue
Mendocino County Business License: Valid ☐ n/a
Exempt Pursuant to MCC Section: _____