

BOS AGREEMENT NO. _____

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. BOS #17-136**

This Amendment to BOS Agreement No. BOS #17-136 is entered into this _____ day of _____, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and ECORP Consulting, Inc., hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. BOS #17-136 was entered into on December 22, 2017; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and ECORP, 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 the "not to exceed" value set out in the original BOS Agreement No. BOS #17-136, from \$147,320.00 to \$149,695.00;

NOW, THEREFORE, we agree as follows:

1. The compensation payable in BOS Agreement No. BOS #17-136 will be increased from a "not to exceed" value of \$147,320.00 to \$149,695.00

All other terms and conditions of BOS Agreement No. BOS #17-136 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: PS

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:

ECORP Consulting, Inc.

2525 Warren Dr.

Rocklin, CA 95677

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