AMENDMENT TO COUNTY OF MENDOCINO STANDARD SERVICES AGREEMENTS NOS. SS-18-091 AND PH-18-055, PA NO. 18-346

WHEREAS, Agreement No. SS-18-091 was entered into on December 3, 2018 and Agreement No. PH-18-055, PA No. 18-346 was entered into on June 27, 2019; and

WHEREAS, upon execution of this document by the County of Mendocino and 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 Agreement No. PH-18-055, PA No. 18-346, from December 31, 2019 to June 30, 2020; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in Agreement No. PH-18-055, PA No. 18-346 from \$50,000 to \$100,000.

NOW, THEREFORE, we agree as follows:

- 1. **Term Date:** The termination date set out in Agreement PH-18-055, PA No. 18-346 will be extended from December 31, 2019 to June 30, 2020.
- 2. **Amount of Agreement:** The amount set out in Agreement No. PH-18-055, PA No. 18-346 will be increased from \$50,000 to \$100,000.

All other terms and conditions of Agreements Nos. SS-18-091 and PH-18-055, PA No. 18-346 shall remain in full force and effect.

IN WITNESS WHEREOF **DEPARTMENT FISCAL REVIEW:** CONTRACTOR/COMPANY NAME William Schurtz, HHSA Assistant Director/ Administrative Services Director 10/09/19 Date: NAME AND ADDRESS OF CONTRACTOR: Budgeted: X Yes No Mordhorst Services, Inc. Budget Unit: 4072 (\$15,000); 4010 (\$85,000) 532 Doolan Canyon Drive Line Item: 86-2189 Ukiah, CA 95482 Org/Object Code: PC; PHADMIN Grant: X Yes No Grant No.:17-14184-ME-23 (for BU 4072) **COUNTY OF MENDOCINO** By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her CARRE BROWN, Chair signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed **BOARD OF SUPERVISORS** this Agreement Date: ATTEST: COUNTY COUNSEL REVIEW: CARMEL J. ANGELO, Clerk of said Board APPROVED AS TO FORM: 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. CARMEL J. ANGELO, Clerk of said Board **EXECUTIVE OFFICE/FISCAL REVIEW:** INSURANCE REVIEW: By: Date: Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; Exception to Bid Process Required/Completed ☐ EB# Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: