

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
STANDARD SERVICES AGREEMENT NO. SS-19-084, PA 20-86**

This second Amendment to Agreement No. SS-19-084, PA 20-86 is entered into this 12<sup>th</sup> day of May, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Mendocino Coast Hospitality Center**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. SS-19-084, PA 20-86 was entered into on March 16, 2020; and

WHEREAS, Amendment No. SS-19-084-A1, PA 20-86 A1 was entered into on April 8, 2020; 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 the CONTRACTOR and the COUNTY to extend the termination date set out in Amendment No. SS-19-084-A1, PA 20-86 A1, from May 1, 2020 to May 10, 2020; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to increase the amount set out in Amendment No. SS-19-084-A1, PA 20-86 A1, from \$50,000 to \$78,710; and

WHEREAS it is the desire of the CONTRACTOR and the COUNTY to update the Exhibit B – Payment Terms to include revised line items for continued services through the extended term of the agreement; and

WHEREAS, COUNTY desires to retain CONTRACTOR for its emergency shelter services in Fort Bragg and the Mendocino Coast region during the COVID-19 pandemic.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in Amendment No. SS-19-084-A1, PA 20-86 A1 will be extended from May 1, 2020 to May 10, 2020.
2. The amount set out in Amendment No. SS-19-084-A1, PA 20-86 A1 will be increased from \$50,000 to \$78,710.
3. The Exhibit B – Payment Terms has been revised and a new Exhibit B is attached herein.

All other terms and conditions of Agreement No. SS-19-084, PA 20-86 and Amendment No. SS-19-084-A1, PA 20-86 A1 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Tammy Moss Chandler  
Tammy Moss Chandler, HHSA Director

Date: 4/28/20

Budgeted: ☒ Yes ☐ No

Budget Unit: 5190

Line Item: 86-3112

Org/Object Code: GRCVD19

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: John Haschak  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: MAY 14 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Sydney Dine  
Deputy  
MAY 14 2020

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: Sydney Dine  
Deputy  
MAY 14 2020

INSURANCE REVIEW:

By: Carmel Angelo  
Risk Management

Date: 4/30/2020

CONTRACTOR/COMPANY NAME

Paul Davis - CFO for Carla Harris, Ex. Director

By: Carla Harris  
Carla Harris, Executive Director

Date: 5/1/2020

NAME AND ADDRESS OF CONTRACTOR:

Mendocino Coast Hospitality Center

P.O. Box 2168

Fort Bragg, CA 95437

707-961-0172

carla@mendocinochc.org

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:

CHRISTIAN M. CURTIS,  
Acting County Counsel

By: Charlotte Scott  
Deputy

Date: 4/30/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle  
Deputy CEO

Date: 4/30/2020

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☒ EB# 20-148

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: \_\_\_\_\_

**EXHIBIT B**  
**PAYMENT TERMS**

COUNTY will pay CONTRACTOR as per the following instructions:

A. For satisfactory provision of services as defined in the Definition of Services.

Services		Maximum Dollars
Staffing	Shelter	\$14,369
	Pandemic Motel Voucher Program	\$19,856
	Additional Staffing	\$8,630
Facilities Costs	Shelter Costs	\$460
	Pandemic Motel Voucher Program (Motel estimate for up to 13 rooms per night for 33 nights based on actual occupancy. Calculated at approximately \$45/room/night plus \$9.24/night for garbage disposal.)	\$30,190
Operations	Shelter <ul style="list-style-type: none"> <li>- Communications</li> <li>- Supplies</li> <li>- Transportation</li> <li>- ADA/Family Lodging</li> </ul>	\$1,027
	Pandemic Motel Voucher Program <ul style="list-style-type: none"> <li>- Supplies</li> <li>- Food Service</li> <li>- Transportation</li> </ul>	\$3,278
	Additional Operations	\$900
<b>CONTRACT TOTAL:</b>		<b>\$78,710</b>

B. Up to ten percent (10%) of each line item in the budget above may be moved to another line item without COUNTY approval.

C. Upon submission of claims and reports using the Health and Human Services Agency provided electronic invoice (Attachment 2).

1. Invoices must be submitted no later than the fifteenth (15<sup>th</sup>) day of the month for all services provided to clients in the previous month and may be paid weekly upon receipt of invoice.

2. Invoices submitted ninety (90) days after the service is provided must be accompanied by a letter explaining the reason for the lateness of the invoice.
  3. COUNTY will determine whether to approve or disapprove payment of late invoices.
  4. COUNTY shall not approve payment of funds until CONTRACTOR has filed all reports required under this Agreement.
- D. This is a one-time project and CONTRACTOR should make no assumption of continued funding from the COUNTY for this purpose at the end of this contract period.

Payments under this Agreement shall not exceed Seventy-Eight Thousand Seven Hundred Ten Dollars (\$78,710) for the term of this Agreement.

[END OF PAYMENT TERMS]