

**AMENDMENT TO STANDARD
AGREEMENT NO. PH-19-083, PA NO. 20-129**

This Amendment to Agreement No. PH-19-083, PA No. 20-129 is entered into this _____ day of _____, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Egghead's, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, original Agreement No. PH-19-083, PA No. 20-129 was entered into on May 21, 2020; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors 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 the original Agreement No. PH-19-083, PA No. 20-129 from June 10, 2020 to August 9, 2020; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in the original Agreement No. PH-19-083, PA No. 20-129 from \$49,500 to \$120,500; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to change the number of participants and meals served and to update the Exhibit A, Definition of Services, accordingly.

NOW, THEREFORE, we agree as follows:

1. **Term Date:** The termination date set out in the original Agreement No. PH-19-083, PA No. 20-129 will be extended from June 10, 2020 to August 9, 2020.
2. **Exhibit A:** The Exhibit A, Definition of Services, set out in the original Agreement No. PH-19-083, PA No. 20-129 has been updated and a new Exhibit A is attached herein.
3. **Amount:** The amount set out in the original Agreement No. PH-19-083, PA No. 20-129 will be increased from \$49,500 to \$120,500.

All other terms and conditions of original Agreement No. PH-19-083, PA No. 20-129 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: _____
Mary Alice Willeford, HHSA Assistant Director

Date: _____

Budgeted: ☐ Yes ☒ No

Budget Unit: 4071

Line Item: 86-2189

Org/Object Code: IG

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

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

Date: _____

CONTRACTOR/COMPANY NAME

By: _____
Marvin Parrish, President

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Egghead's, Inc.
326 N. Main St.
Fort Bragg, CA 95437

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,
County Counsel

By: _____
Deputy

Date: _____

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO

Date: _____

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: _____

EXHIBIT A

A. CONTRACTOR shall provide the following services:

- 1) Prepare and deliver nutritionally appropriate and balanced meals for the Great Plates Delivered Program.
- 2) Provide approximately seventy-two (72) meals per day to approximately twenty-four (24) eligible program participants in the area covering Fort Bragg. Participants will be identified by COUNTY. CONTRACTOR may not add or delete program participants without COUNTY's prior approval.
- 3) Provide a maximum of three meals per day, per program participant.
- 4) Provide meals that adhere to the following guidelines:
 - a) Breakfast low in sodium, no sugary drinks (<24 calories /8 oz. and of fruit juice, must be only 100 percent fruit juice allowed); and
 - b) Lunch and dinner a piece of fresh fruit or vegetable on each dish, and low in sodium, no sugary drinks (<24 calories /8 oz. and of fruit juice, must be only 100 percent fruit juice allowed).
- 5) Source local produce when applicable.
- 6) Prepare meals within Mendocino County.

B. Individuals providing delivery of meals, regardless if they are volunteers or employees, must complete a background check through the COUNTY to ensure safety of participants.

C. CONTRACTOR should currently not be participating in a state or federal meal service program.

[END OF DEFINITION OF SERVICES]