

**AMENDMENT TO BOARD OF SUPERVISORS  
AGREEMENT NO. BOS 19-206**

This Amendment to BOS Agreement No. BOS 19-206 is entered into this 4<sup>TH</sup> day of AUGUST, 2020, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and LACO ASSOCIATES, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. BOS 19-206 was entered into on 08/07/2019; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and LACO ASSOCIATES, 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 BOS Agreement No. BOS 19-206, from June 30, 2020 to December 31, 2021; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the total compensation payable set out in the original BOS Agreement No. BOS 19-206, from \$54,200 to \$104,200.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the original BOS Agreement No. BOS 19-206 will be extended from June 30, 2020 to December 31, 2021.
2. The total compensation payable set out in the original BOS Agreement No. BOS 19-206 will be increased from \$54,200 to \$104,200.

All other terms and conditions of BOS Agreement No. BOS 19-206 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:**

300 June 30, 2020  
DEPARTMENT HEAD DATE

Budgeted: ☒ Yes ☐ No

Budget Unit: PB (2851)

Line Item: 862189

Grant: ☐ Yes ☒ No

Grant No.: N/A

**CONTRACTOR/COMPANY NAME:**

By: [Signature]

NAME AND ADDRESS OF CONTRACTOR:

LACO ASSOCIATES

PO BOX 1023

EUREKA, CA 95502

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 OF MENDOCINO**

By: [Signature]  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS **AUG 05 2020**

**ATTEST:**

CARMEL J. ANGELO, Clerk of said Board

By: [Signature]  
Deputy **AUG 05 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: [Signature]  
Deputy **AUG 05 2020**

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,  
County Counsel

By: [Signature]  
Deputy

**INSURANCE REVIEW:**

By: [Signature]  
Risk Management

**EXECUTIVE OFFICE/FISCAL REVIEW:**

APPROVAL RECOMMENDED

By: [Signature]  
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: \_\_\_\_\_