

BOS AGREEMENT NO. \_\_\_\_\_

**THIRD AMENDMENT TO STANDARD  
AGREEMENT NO. PH-19-080, PA NO. 20-126**

This third Amendment to Agreement No. PH-19-080, PA No. 20-126 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 **Cucina Verona**, hereinafter referred to as "CONTRACTOR".

WHEREAS, original Agreement No. PH-19-080, PA No. 20-126 was entered into on May 12, 2020; and

WHEREAS, first Amendment, BOS Agreement No. 20-075, was entered into on June 10, 2020; and

WHEREAS, second Amendment, BOS Agreement No. 20-075-A1, was entered into on July 14, 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 second Amendment, BOS Agreement No. 20-075-A1, from August 9, 2020 to September 9, 2020; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in the second Amendment, BOS Agreement No. 20-075-A1, from \$554,500 to \$734,500.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the second Amendment, BOS Agreement No. 20-075-A1, will be extended from August 9, 2020 to September 9, 2020.
2. The amount set out in the second Amendment, BOS Agreement No. 20-075-A1, will be increased from \$554,500 to \$734,500.

All other terms and conditions of original Agreement No. PH-19-080, PA No. 20-126, first Amendment, BOS Agreement No. 20-075, and second Amendment, BOS Agreement No. 20-075-A1, shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Mary Alice Willeford  
Mary Alice Willeford, HHS Assistant Director

Date: 8-6-2020

Budgeted: ☐ Yes ☒ No

Budget Unit: 4071

Line Item: 86-2189

Org/Object Code: IG

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: See Page 3  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: See Page 3  
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: See Page 3  
Deputy

INSURANCE REVIEW:

By: See Page 3  
Risk Management

Date: \_\_\_\_\_

CONTRACTOR/COMPANY NAME

By: Kathleen Murray  
Kathleen Murray, Owner

Date: August 6, 2020

NAME AND ADDRESS OF CONTRACTOR:

Cucina Verona

124 E. Laurel 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: See Page 3  
Deputy

Date: \_\_\_\_\_

EXECUTIVE OFFICE/FISCAL REVIEW:

By: See Page 3  
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: within city limits of Fort Bragg

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Mary Alice Willeford  
Mary Alice Willeford, HHSA Assistant Director

Date: 8-6-2020

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: Carmel J. Angelo  
Risk Management

Date: 08/07/2020

CONTRACTOR/COMPANY NAME

By: See Page 2  
Kathleen Murray, Owner

Date: \_\_\_\_\_

NAME AND ADDRESS OF CONTRACTOR:

Cucina Verona

124 E. Laurel 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: Charlotte Scott  
Deputy

Date: 08/07/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle  
Deputy CEO

Date: 08/07/2020

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

Exception to Bid Process Required/Completed ☒ 21-09

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: within city limits of Fort Bragg