

BOS AGREEMENT NO. _____

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

This second 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, first Amendment, BOS Agreement No. 20-106, 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 first Amendment, BOS Agreement No. 20-106, 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 first Amendment, BOS Agreement No. 20-106, from \$120,500 to \$175,500.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the first Amendment, BOS Agreement No. 20-106, will be extended from August 9, 2020 to September 9, 2020.
2. The amount set out in the first Amendment, BOS Agreement No. 20-106, will be increased from \$120,500 to 175,500.

All other terms and conditions of original Agreement No. PH-19-083, PA No. 20-129, and first Amendment, BOS Agreement No. 20-106, shall remain in full force and effect.

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: 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: Marvin Parrish
Marvin Parrish, President

Date: 8/6/20

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: 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: _____

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
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: 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 ☒ 21-10

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____