

BOS AGREEMENT NO. 20-107-A1

**SECOND AMENDMENT TO STANDARD
AGREEMENT NO. PH-19-081, PA NO. 20-128**

This second Amendment to Agreement No. PH-19-081, PA No. 20-128 is entered into this 18th 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 **Wild Fish**, hereinafter referred to as "CONTRACTOR".

WHEREAS, original Agreement No. PH-19-081, PA No. 20-128 was entered into on May 26, 2020; and

WHEREAS, the first Amendment, BOS Agreement No. 20-107, 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. 20-107, 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. 20-107, from \$199,500 to \$314,500; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to alter the number of participants and meals served by CONTRACTOR.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the first Amendment, BOS Agreement No. 20-107, will be extended from August 9, 2020 to September 9, 2020.
2. The amount set out in the first Amendment, BOS Agreement No. 20-107, will be increased from \$199,500 to \$314,500.
3. CONTRACTOR will serve approximately one hundred forty-seven (147) meals to approximately forty-nine (49) eligible program participants in Anderson Valley and the Coastal Areas of Mendocino County.

All other terms and conditions of original Agreement No. PH-19-081, PA No. 20-128 and first Amendment, BOS Agreement No. 20-107, shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: M. 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: Liz Jacobs
Liz Jacobs/ Owner/Manager

Date: 8/6/2020

NAME AND ADDRESS OF CONTRACTOR:

Wild Fish
7750 N. Highway 1
Little River, CA 95456
707-937-3055
wildfishmendo@gmail.com

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, 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: John Haschak
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: AUG 20 2020

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Lindsey Demel
Deputy AUG 20 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: Lindsey Demel
Deputy AUG 20 2020

INSURANCE REVIEW:

By: Carmel Angelo
Risk Management

Date: 08/07/2020

CONTRACTOR/COMPANY NAME

By: See Page 2
Liz Jacobs/ Owner/Manager

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Wild Fish
7750 N. Highway 1
Little River, CA 95456
707-937-3055
wildfishmendo@gmail.com

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: Charlottz 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 21-13
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: _____