

BOS AGREEMENT NO. _____

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

This fifth 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, third Amendment, BOS Agreement No. 20-075-A2, was entered into on August 18, 2020; and

WHEREAS, fourth Amendment, BOS Agreement No. 20-075-A3, was entered into on September 22, 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 increase the amount set out in the fourth Amendment, BOS Agreement No. 20-075-A3, from \$919,500 to \$1,101,500.

NOW, THEREFORE, we agree as follows:

1. The amount set out in the fourth Amendment, BOS Agreement No. 20-075-A3, will be increased from \$919,500 to \$1,101,500.

All other terms and conditions of original Agreement No. PH-19-080, PA No. 20-126, first Amendment, BOS Agreement No. 20-075, second Amendment, BOS Agreement No. 20-075-A1, third Amendment, BOS Agreement No. 20-075-A2, and fourth Amendment, BOS Agreement No. BOS 20-075-A3, shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Bekkie Emery
Bekkie Emery, HHSA Assistant Director/
Social Services Director

Date: 10-8-2020

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: 10/07/2020

CONTRACTOR/COMPANY NAME

By: Kathleen Murray
Kathleen Murray, Owner

Date: 10.6.2020

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: Charlotte Scott
Deputy

Date: 10/07/2020

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle
Deputy CEO

Date: 10/07/2020

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

Exception to Bid Process Required/Completed ☒ _____

Mendocino County Business License: Valid ☐

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