

BOS AGREEMENT NO. _____

**FIFTH AMENDMENT TO STANDARD
AGREEMENT NO. PH-19-078, PA NO. 20-125**

This fifth Amendment to Agreement No. PH-19-078, PA No. 20-125 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 **Mendocino Café**, hereinafter referred to as "CONTRACTOR".

WHEREAS, original Agreement No. PH-19-078, PA No. 20-125 was entered into on May 12, 2020; and

WHEREAS, first Amendment, BOS Agreement No. 20-074, was entered into on June 10, 2020; and

WHEREAS, second Amendment, BOS Agreement No. 20-074-A1, was entered into on July 14, 2020; and

WHEREAS, third Amendment, BOS Agreement No. 20-074-A2, was entered into on August 18, 2020; and

WHEREAS, fourth Amendment, BOS Agreement No. 20-074-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. 20-074-A3 from \$499,500 to \$653,500; and

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

NOW, THEREFORE, we agree as follows:

1. The amount set out in the fourth Amendment, BOS Agreement No. 20-074-A3, will be increased from \$499,500 to \$653,500.
2. CONTRACTOR will serve approximately two hundred four (204) meals per day to approximately sixty-eight (68) eligible program participants in Mendocino, CA and surrounding areas.

All other terms and conditions of original Agreement No. PH-19-078, PA No. 20-125, first Amendment, BOS Agreement No. 20-074, second Amendment, BOS Agreement No. 20-074-A1, third Amendment, BOS Agreement No. 20-074-A2, and fourth Amendment, BOS Agreement No. 20-074-A3, shall remain in full force and effect.

IN WITNESS WHEREOF**DEPARTMENT FISCAL REVIEW:**

By: See Page 3

Bekkie Emery, HHSA Assistant Director/
Social Services Director

Date: _____

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 NAMEBy: Meredith Smith

Meredith Smith

Date: _____

10/06/2020**NAME AND ADDRESS OF CONTRACTOR:**Mendocino CaféPO Box 1054Mendocino, CA 95460By 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: 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: See Page 2
Meredith Smith
Date: _____

NAME AND ADDRESS OF CONTRACTOR:

Mendocino Café
PO Box 1054
Mendocino, CA 95460

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: _____