THIRD AMENDMENT TO BOS AGREEMENT NO. 21-049

This third Amendment to BOS Agreement No. 21-049 is entered into this 20^{TH} day of 50^{TH} , 2021, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Rocks Seas LLC.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 21-049 was entered into on March 24, 2021; and

WHEREAS, first Amendment No. PH-20-086-A1, PA No. 21-181 was entered into on May 27, 2021; and

WHEREAS, second Amendment No. PH-20-086-A2, PA No. 21-181-A1 was entered into on June 6, 2021; and

WHEREAS, upon execution of this document by the County of Mendocino and the 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 original Agreement, BOS Agreement No. 21-049 from June 30, 2021 to July 9, 2021; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in second Amendment No. PH-20-086-A2, PA No. 21-181-A1 from \$300,000 to \$420,000; and

WHEREAS, CONTRACTOR will continue providing meals to homebound seniors via the Great Plates Delivered program.

NOW, THEREFORE, we agree as follows:

- 1. The termination date set out in original Agreement, BOS Agreement No. 21-049, will be extended from June 30, 2021 to July 9, 2021.
- 2. The amount set out in second Amendment No. PH-20-086-A2, PA No. 21-181-A1 will be increased from \$300,000 to \$420,000.

All other terms and conditions of BOS Agreement No. 21-049, Amendment No. PH-20-086-A1, PA No. 21-181, and second Amendment No. PH-20-086-A2, PA No. 21-181-A1 shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

alus Walor May Bv:

Mary Alice Willeford, HHSA Assistant Director

6/28/21 Date:

Budgeted: Yes X No Budget Unit: 4071 Line Item: 86-2189 Org/Object Code: IG Grant: Yes No Grant No.:

COUNT	Y OF	MEND	OCINO	01	\cap	
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BOARD OF SUPERVISORS

JUL 2 2 2021 Date:

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By:

JUL 2 2 2021

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: Amap	
Deputy	JUL 2 2 2021
INSURANCE REVIEW:	
By: _ CAMALLY	Onder-
Risk Management	10
Date: 06/30/2021	

CONTRACTOR/COMPANY NAME

By: See Page 2B Roxanne Hampl, Owner

Date:

NAME AND ADDRESS OF CONTRACTOR:

Rock Seas, LLC **PO Box 593** Hopland, CA 95449 707-354-2969; rockseas.101@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**

harlottesio

By:

Deputy 06/30/2021

Date:

EXECUTIVE OFFICE/FISCAL REVIEW: anale. (By: **Deputy CEO** Date: 06/30/2021

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors Exception to Bid Process Required/Completed EB# 21-228 Mendocino County Business License: Valid 🖂

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW

Ev. See Page 2A

Mary Alice Willeford, HHSA Assistant Director

Date:

Budgeted: Yes X No Budget Unit: 4071 Line Item: 86-2189 Org/Object Code: IG Grant Yes X No Grant No ::

COUNTY OF MENDOCINO

By: See Page 2A

DAN GJERDE, Chair **BOARD OF SUPERVISORS**

Date

ATTEST CARMEL J. ANGELO, Clerk of said Board

Ev: See Page 2A

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

See Page 2A Deputy By.

INSURANCE REVIEW:

Ev See Page 2A **Risk Management**

Date.

CONTRACTOR/COMPANY NAME

Bv

Rotanne Hampl, Owner

Date: 6/26/202

NAME AND ADDRESS OF CONTRACTOR

Rock Seas, LLC PO Box 593 Hooland, CA 95449 707-354-2969, rockseas.101@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 2A

Deputy

Date:

EXECUTIVE OFFICE/FISCAL REVIEW:

By: See Page 2A Deputy CEO

Date: