

Original Agreement No.	PR-P23-002
Amendment 1 No.	PR-P23-002-A

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. PR-P23-002**

This second Amendment to Agreement No. PR-P23-002 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **MARK A. CLEMENTI, PhD.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PR-P23-002 was entered into on May 23, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. PR-P23-002 was entered into on September 17, 2025 (the "First Amendment") increasing the total amount by Fifteen Thousand Dollars (\$15,000.00) for a new total of Forty Thousand Dollars (\$40,000.00); and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date from June 30, 2026, to June 30, 2027.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Agreement is hereby extended from June 30, 2026, to June 30, 2027.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
DEPARTMENT HEAD

Date: 4/16/26

Budgeted: Yes No
Budget Unit: 2560 & 2550
Line Item: 862189
Org/Object Code: PR-862189 & JH-862189
Grant: Yes No
Grant No.: _____

COUNTY OF MENDOCINO

By: [Signature]
BERNIE NORVELL, Chair
BOARD OF SUPERVISORS

Date: 05/05/2026

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 05/05/2026

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 05/05/2026

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 04/16/2026

CONTRACTOR/COMPANY NAME

By: [Signature]
SIGNATURE

Date: 4-17-26

NAME AND ADDRESS OF CONTRACTOR:

Mark A. Clementi, Ph.D.
50 Old Courthouse Square, Suite 400
Santa Rosa, CA 95404

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:

By: [Signature]
COUNTY COUNSEL

Date: 04/16/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 04/16/2026

Signatory Authority: \$0-25,000 Department; \$25,001- 75,000 Purchasing Agent; \$75,001+ Board of Supervisors