

**AMENDMENT TO
MEMORANDUM OF UNDERSTANDING BY AND BETWEEN
COUNTY OF MENDOCINO AND COUNTY OF LAKE
FOR SEALER OF WEIGHTS AND MEASURES SERVICES**

MENDOCINO COUNTY AGREEMENT NO. 17-048

This Amendment to BOS Agreement No. 17-048 is dated as of September 1, 2017, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "MENDOCINO" and the COUNTY OF LAKE, hereinafter referred to as "LAKE"; and

WHEREAS, BOS Agreement No. 17-048 was entered into by and between MENDOCINO and LAKE and dated as of July 1, 2017; and

WHEREAS, upon execution of this Amendment by the Chair of the Mendocino County Board of Supervisors and the Chair of the Lake County Board of Supervisors, this document will become part of the aforementioned Memorandum of Understanding and shall be incorporated therein; and

WHEREAS, it is the desire of MENDOCINO and LAKE to extend the termination date set out in the original BOS Agreement No. 17-048, from August 31, 2017 to October 31, 2017.

NOW, THEREFORE, MENDOCINO and LAKE agree as follows:

1. The termination date set out in the original BOS Agreement No. 17-048 will be extended from August 31, 2017 to October 31, 2017.
2. This Amendment may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

All other terms and conditions of BOS Agreement No. 17-048 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

DEPARTMENT HEAD _____ DATE _____
Budgeted: ☐ Yes ☐ No
Budget Unit: _____
Line Item: _____
Grant: ☐ Yes ☐ No
Grant No.: _____

COUNTY OF MENDOCINO

By: _____
JOHN MCCOWEN, Chair
BOARD OF SUPERVISORS

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:

RISK MANAGER

By: _____
ALAN D. FLORA, Risk Manager

CONTRACTOR/COMPANY NAME:

By: _____

NAME AND ADDRESS OF CONTRACTOR:

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:

KATHARINE L. ELLIOTT,
County Counsel

By: _____
Deputy

FISCAL REVIEW:

By: _____
Deputy CEO/Fiscal

EXECUTIVE OFFICE REVIEW:

APPROVAL RECOMMENDED

By: _____
CARMEL J. ANGELO, Chief Executive Officer

Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☐ _____