

**Amendment No. 1 to Agreement between the County of Lake and Management
Connections for Temporary Staffing Services in the Lake County Health Department**

This Amendment No. 1 to Agreement is made and entered into this 8th day of March, 2021 by and between the COUNTY OF LAKE, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and Management Connections (hereinafter referred to as "CONTRACTOR").

RECITALS

WHEREAS, the parties hereto have entered into an Agreement dated January 15, 2021 under which CONTRACTOR will provide temporary staffing services to COUNTY; and

WHEREAS, the parties desire to amend the Agreement to increase the total compensation, billing rates, and revise contractor and county responsibilities to include county COVID vaccination site staffing ;

NOW, THEREFORE, the parties hereby agree as follows:

1. Section I A – CONTRACTOR'S RESPONSIBILITIES is hereby amended to read:

"CONTRACTOR will furnish personnel to provide customer service, data entry, clerical support, bilingual services, and assigned support or lead roles at COUNTY COVID vaccine clinics.

2. Section II Access – LCHD RESPONSIBILITIES is hereby amended to read:

All work will be conducted at the Lake County Health Department located at 922 Bevins Court, Lakeport, CA, or designated COUNTY COVID vaccination clinic locations. Working hours and days to be determined by requesting COUNTY manager.

3. Section II Compensation – LCHD RESPONSIBILITIES is hereby amended to read:

For services described above, LCHD shall pay "CONTRACTOR" an hourly rate based on hours CONTRACTOR provides staffing. The hourly rate will be billed at the following rates:

CLERICAL WAGE	CLERICAL BILL RATE
\$14	\$20.76
\$15	\$21.90
\$16	\$23.20
\$17	\$24.40
\$18	\$25.65

VACCINATION SITE WAGE	VACCINATION SITE BILL RATE
\$14	\$21.21
\$15	\$22.43
\$16	\$23.84
\$17	\$25.08
\$18	\$26.37
\$19	\$28.40
\$20	\$29.00

CONTRACTOR will be paid in monthly increments on the last Friday of the month, based upon receipt of bill. The maximum cost of this Agreement shall not exceed \$150,000.00.

The Parties agree that all other terms and conditions of the original Agreement shall remain in full force and effect.

COUNTY OF LAKE

By: _____
Chair, Board of Supervisors

ATTEST:
CAROL J. HUCHINGSON
Clerk to the Board of Supervisors

By: _____

CONTRACTOR

By: Mary Jo Winter
Mary Jo Winter (Mar 10, 2021 13:36 PST)
Contractor Signature Authority

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: 