

SECOND ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS SECOND ADDENDUM is to that Contract for Services entered into on July 1, 2015, and FIRST ADDENDUM entered into on July 10, 2018, by and between the County of Siskiyou ("County") and Noble Software Group, LLC, ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expires on 30th June 2021 and services continue to be required after that date; and

WHEREAS, the parties desire to extend the term of the Contract;

WHEREAS, the parties desire to increase the amount of compensation payable under the contract.

NOW, THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

The term of the Contract for Services shall be amended to extend the term of the contract through June 30, 2024.

Pursuant to Paragraph 3 Consideration and outlined in Exhibit D "Pricing" the compensation shall be amended to add an additional Twenty Thousand Eight Hundred Seventy-Eight Dollars and 35/100 Cents (\$20,878.35) to increase the total compensation payable under the contract to an amount not to exceed Sixty-One Thousand Four Hundred and Eighteen Dollars and 85/100 Cents (\$61,418.85) for the term of the Contract.

Exhibit D: "Pricing" to the Agreement shall be replaced in its entirety with Exhibit D attached hereto.

All other terms and conditions of the Contract for Services shall remain in full force and effect.

SIGNATURES ON FOLLOWING PAGE

IN WITNESS WHEREOF, County and Contractor have executed this Second Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: _____

RAY A. HAUPT, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____

CONTRACTOR:
NOBLE SOFTWARE GROUP, LLC.

Date: 7/12/2021

DocuSigned by:
Aaron Picton
84CC210D38114DE...

Date: 7/12/2021

Aaron Picton, CFO

Diana Norris
88DCB9312825450...

Diana Norris, Manager

License No.: N/A
TAXPAYER I.D.: 45-5021136

APPROVED AS TO ACCOUNTING FORM:

15/16 FY	1001-203040-723000	\$2,252.00
	1001-203050-723000	\$4,504.75
16/17 FY	1001-203040-723000	\$2,252.00
	1001-203050-723000	\$4,504.75
17/18 FY	1001-203040-723000	\$2,252.00
	1001-203050-723000	\$4,504.75
18/19 FY	1001-203040-723000	\$2,252.00
	1001-203050-723000	\$4,504.75
19/20 FY	1001-203040-723000	\$2,252.00
	1001-203050-723000	\$4,504.75
20/21 FY	1001-203050-723000	\$5,256.75
	1017-203050-723000	\$1,500.00
21/22 FY	1001-203050-723000	\$5,459.45
	1017-203050-723000	\$1,500.00
22/23 FY	1001-203050-723000	\$5,459.45
	1017-203050-723000	\$1,500.00

23/24 FY	1001-203050-723000	\$5,459.45
	1017-203050-723000	\$1,500.00

Encumbrance #: E2100006

AMOUNT NOT TO EXCEED Sixty-one Thousand Four Hundred Eighteen and 85/100 Dollars (\$61,418.85)

APPROVED AS TO INFORMATION TECHNOLOGY:

BEN HARPER, IT DIRECTOR

EXHIBIT D: PRICING

1. LICENSED SOFTWARE

The Licensee may use the following Software at the locations listed/defined in this Agreement.

2. PRICING FOR LICENSED SOFTWARE

Total Price for **13 users** is **\$6,959.45** USD.

HOSTING FEE FOR ASSESSMENT PLATFORM WITH ONE ASSESSMENT TOOL, CASE PLANNING, AND INTEGRATION OF USER, SUBJECT, AND CHARGE HISTORY.

Pricing for the listed components below is **\$6,959.45** USD.

PRODUCT	PRICE
Noble Assessment Platform, Adult Hosted	
Noble Assessment Platform, Juvenile Hosted	

3. INSTALLATION/DELIVERY SERVICES/ACCEPTANCE

In order to ensure the effectiveness and success of the delivery services, Noble will assign the following project team:

(1) Client Representative

(1) Systems Engineer

(1) Application Consultant

At times additional staff may be required for the current tasks, and equally at other times the number of staff working on a project may be less than that indicated above. The team members listed above will charge their time as agreed by Customer and Noble toward the services agreement as listed above.

3.1 ACCEPTANCE CRITERIA

- (a) **ASSESSMENT PLATFORM**
All Active Enterprise Component software (as delineated above) is deemed accepted after delivery to client and five business days of the system running without a severity 1 error.
- (b) **CASE PLANNING**
The Case Planning module will be considered accepted following all case plan reports allowed for are able to be completed and be saved for a subject.
- (c) **INTEGRATION**
Integration will be deemed accepted after the system successfully imports data for all areas of the application for which the customer has implemented integration methods per the documentation.

The system may not be considered acceptable if it encounters any unresolved severity 1 problems as defined in the Noble Software Maintenance Agreement. Customer will accept the system in parts as indicated in the project plan and in conjunction with the system test plans.

4. TRAINING PROGRAM

In an attempt to meet Customer's training requirements the following schedule has been constructed to offer a purchased block of training for classes up to 25 students. The following classes are currently available:

PRODUCT	DAYS
Assessment Training	2
Case Planning	1
Refresher	1

5. PRICING PAYMENT SCHEDULE

The schedule of payment is as follows:

Full contract amount will be invoiced upon execution of this agreement. All amounts are /net 30.




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER StateFarm  Jeff Avery State Farm Insurance 1822 Buena Ventura Blvd Ste 107 Redding Ca 96007	CONTACT NAME: Melanie Cogle PHONE (A/C, No, Ext): 530-243-4600 FAX (A/C, No): 530-243-3551 E-MAIL ADDRESS: melanie@jeffavery.net																					
INSURED NOBLE SOFTWARE GROUP LLC PO BOX 990891 REDDING Ca 96099	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>State Farm General Insurance Company</td><td>25151</td></tr><tr><td>INSURER B:</td><td>State Farm Fire and Casualty Company</td><td>25143</td></tr><tr><td>INSURER C:</td><td>State Farm Mutual Automobile Insurance Company</td><td>25178</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	State Farm General Insurance Company	25151	INSURER B:	State Farm Fire and Casualty Company	25143	INSURER C:	State Farm Mutual Automobile Insurance Company	25178	INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			90-B4-Y413-3	02/26/2021	02/26/2022	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			272 1525-C11-55 272 1525-C11-55	02/26/2021 08/26/2021	08/26/2021 02/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	90-ML-E622-4	02/26/2021	02/26/2022	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SISKIYOU COUNTY PROBATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Melanie Cogle

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