E2100160

original on file in this office.

ATTEST:

URA BYNUM

unty Clerk of the State of California
In and for the County of Siskiyou.

FIRST ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS FIRST ADDENDUM is to that Contract executed on OCTOBER 1, 2019 between the County of Siskiyou (County) and Personnel Preference, INC. (Contractor).

WHEREAS, the Contract expires on June 30, 2020 and services continued 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:

Paragraph 1 of the Contract for Services shall be amended to extend the term of the contract through December 31, 2020.

Paragraph 4.01 of the Contract, Compensation, shall be amended to increase the not to exceed EIGHTY-SEVEN THOUSAND ONE HUNDRED AND EIGHTY-NINE DOLLARS AND NO/100 (\$87,189.00) for FY20/21, to increase the compensation payable under the contract to an amount not to exceed ONE HUNDRED SEVENTY-SEVEN THOUSAND, ONE HUNDRED EIGHTY-NINE DOLLARS AND NO/100 (\$177,189).

Paragraph 4.02 of the Contract, Compensation Dependent on Budget, shall be amended to include Exhibit A1(e) and A1(f).

Exhibit A Section A2 shall be amended to include ix to allow for background, verification checks and LiveScan. Based on the requirements of the placement Agency or Department, Contractor may also perform drug screening.

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

Signatures on next page.

@1817 E21001UO 2120 501010 723000 B7189.00/177,189.00 IN WITNESS WHEREOF, County and Contractor have executed this 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.

Date: 7/14/2020

MICHAEL N. KOBSEFF, CHAIR

Board of Supervisors County of Siskiyou State of California

COUNTY OF SISKIYOU

ATTEST:

LAURA BYNUM

Clerk, Board of Supervisors

By: Clebuty
Deputy

CONTRACTOR: Personnel Preference, INC.

Date: ////2030

Terry Barham, Chief Executive Office

Date: 7/7/2020

Tracy Stacher, Office Manager

License No.: C1860834

(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 68-0306061

ACCOUNTING:

Fund Organization

Account

Activity Code (if applicable)

2120

501010

723000

Encumbrance number (if applicable) E2000335

If not to exceed, include amount not to exceed:

NTE: FY 19/20 \$90,000.00

NTE: FY20/21 \$87,189.00 TOTAL NTE: \$177,189.00

Exhibit A1(e)

| SCHS Subsidized Employment Building and Maintenance | ent | | Budget | Budget Estimates | | 1-Jul-20 | 31-Dec-20 |
|---|---------|------------------------------|----------------|------------------|---|----------|--------------|
| | Hrs/Wk | Total Hours - 26 weeks | Hourly Rate | Total | Fica,Medicare, Futa,Suta, ACA,Workers Comp and Sick Pay | | Costs |
| | | | | | | | |
| | 20/week | 520 | 13.50 | \$ 7,020.00 | | | \$ 7,020.00 |
| Mon-Mago | | | | | 3,430.34 | | \$ 3,430.34 |
| MOH-Mago | | | | | | | |
| Total | | | | | | | \$ 70,450.34 |
| | | | | | | | e 51 50 |
| Drug Screening | | | | | | | |
| l iveScan (Maximum Cost) | | | | | | | \$ 74.00 |
| | | | | | | | |
| Administrative (15%) | | | | | | | Costs |
| Admin. Accounting, Clerical | | | | | | | |
| Postage | | | | | | | ٠,٥٥٠.٥٥ |
| | | | | | | | \$ 1.567.35 |
| Total | | | | | | | |
| Grand Total | | | | | | | \$ 12,143.19 |
| | | | | | | | |
| | | | OP. | | | | |

Exhibit A1(f)

| SCHS Subsidized Employment Clerical | nt | | Budget | Budget <i>Estimates</i> | | 1-Jul-20 | 31-Dec-20 |
|-------------------------------------|---------|------------------------------|----------------|-------------------------|--|----------|--------------|
| osts/Participant* | Hrs/Wk | Total Hours - 26 weeks | Hourly Rate | Total | Wage,Fica,Medicare , Futa,Suta, ACA,Workers Comp and Sick Pay | | Costs |
| | | | | | | | |
| Wages | 20/week | 520 | 13.50 | \$ 7,020.00 | | | |
| Non-Wage | | | | | 2,630.80 | | \$ 2,630.80 |
| Total | | | | | | | \$ 9,650.80 |
| | | | | | | | £ 50 50 |
| Diag screening | | | | | | | |
| LiveScan (Maximum Cost | 1 | | | | | | \$ 74.00 |
| Administrative (15%) | | | | | | | Costs |
| | | | | | | | |
| Admin, Accounting, Clerical | | | | | | | \$ 1,447.62 |
| Postage | | | | | | | |
| Total | | | | | | | \$ 1,447.62 |
| Constant Hotel | | | | | | | \$ 11.223.92 |
| | | | | | | | |
| | | | | | | | |