

AGREEMENT NO. _____

AMENDMENT _____

Original Agreement No.	24-099
Amendment 1	_____
Amendment 2	_____

**FIRST AMENDMENT TO COUNTY OF MENDOCINO
BOS AGREEMENT NO. 24-099**

This First Amendment to BOS Agreement No. 24-099 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "RECEIVING COUNTY," and **COUNTY OF SISKIYOU**, hereinafter referred to as "SENDING COUNTY," the date this Amendment is fully executed by all parties.

WHEREAS, BOS Agreement No. 24-099 was entered into on July 1, 2024 (the "Initial Agreement"); and

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

WHEREAS, BOS Agreement No. 24-099 was approved by the Board of Supervisors on agenda item no. 3ax on June 25, 2024 which authorized the Chief Probation Officer to sign any future amendments to the Agreement that do not increase the total amount; and

WHEREAS, this amendment does not increase the total amount of the Agreement; and

WHEREAS, it is the desire of RECEIVING COUNTY and SENDING COUNTY to extend the termination date from June 30, 2025 to June 30, 2026.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the BOS Agreement is hereby extended from June 30, 2025, to June 30, 2026.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
DEPARTMENT HEAD

Date: 6/5/25

Budgeted: ☐ Yes ☒ No

Budget Unit: JH

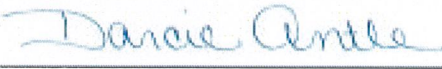
Line Item: 826390

Org/Object Code:

Grant: ☐ Yes ☒ No

Grant No. :

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/04/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 06/04/2025

CONTRACTOR/COMPANY NAME

By: See Page 3
SIGNATURE

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

County of Siskiyou

805 Juvenile Lane

Yreka, CA 96097

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: 
COUNTY COUNSEL

Date: 06/04/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☐ _____
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: _____

IN WITNESS WHEREOF, the COUNTY OF SISKIYOU and COUNTY OF MENDOCINO have executed this Agreement, this 1st day of July, 2025.

**"SENDING COUNTY"
COUNTY OF SISKIYOU**

Nancy Ogren, Chair
Board of Supervisors

Date

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

**"RECEIVING COUNTY"
COUNTY OF MENDOCINO**

See Page 2
Izen Locatelli
Chief Probation Officer

Date

**APPROVED AS TO FORM:
COUNTY COUNSEL**

By: See Page 2

INSURANCE REVIEW:

By: See Page 2
Risk Management

Date: _____

EXECUTIVE OFFICE/FISCAL REVIEW:

By: See Page 2
Deputy CEO or Designee

Date: _____

SISKIYOU COUNTY ACCOUNTING DETAIL:

Fund	Organization	Account	Act Code	
1001	203050	740000		Rate - \$0.01
1001	203060	740000	202	Rate - \$0.01
2111	401081	740000		Rate - \$0.01