AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE	OF	PAGES
	1		2

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQUISITION NUMBER	5. PROJECT NUMBER *(If applicable)*
P00001	See Block 16C		

6. ISSUED BY CODE R20

Bureau of Reclamation
Mid-Pacific Region
Regional Office
Division of Acquisition Services
2800 Cottage Way, Room E-1815
Sacramento CA 95825-1898

7. ADMINISTERED BY *(If other than Item 6)* CODE

8. NAME AND ADDRESS OF CONTRACTOR *(Number, street, county, State and ZIP Code)*

COUNTY OF SISKIYOU
Attn: Dian Collier
311 4TH ST
YREKA CA 96097-2946

CODE MAMFUAZJB618 FACILITY CODE

(X) 9A. AMENDMENT OF SOLICITATION NUMBER

☐ 9B. DATED *(SEE ITEM 11)*

10A. MODIFICATION OF CONTRACT/ORDER NUMBER
140R2026P0064

☒

10B. DATED *(SEE ITEM 13)*
07/09/2026

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NUMBER AS DESCRIBED IN ITEM 14.

CHECK ONE	
☐	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NUMBER IN ITEM 10A.
☒	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation data, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
☐	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
☐	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☒ is not ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*
See continuation page

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Ray A. Haupt, Chair, Board of Supervisors, County of Siskiyou, State of California	Margaret Jones

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		MARGARET JONES Digitally signed by MARGARET JONES Date: 2026.07.17 12:42:21 -05'00' *(Signature of Contracting Officer)*	

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF SISKIYOU

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	A. TITLE: Pesticide Monitoring and Enforcement B. PURPOSE: This administrative modification corrects typographical errors in the period of performance for Purchase Order 140R2026P0064. The current completion date for the base period is revised from May 31, 2031 to May 31, 2027. Additionally, the Option Year 4 period of performance is corrected from June 1, 2030 through May 1, 2031 to June 1, 2030 through May 31, 2031. C. ADJUSTMENT IN PURCHASE ORDER AMOUNT: As a result of this administrative modification, the total purchase order value remains unchanged at $424,097.00, if all options are exercised. D. ADJUSTMENT IN OBLIGATED FUNDS: Funds obligated under this purchase order remain unchanged at $65,000.00. E. PERIOD OF PERFORMANCE: As a result of this modification, the period of performance remains September 1, 2026 through May 31, 2027. The current completion date is corrected to May 31, 2027 and Option Year 4 is corrected to June 1, 2030 through May 31, 2031. F. OTHER: All other terms and conditions of the purchase order remain unchanged. Period of Performance: 09/01/2026 to 05/31/2027 Change Item 00050 to read as follows(amount shown is the obligated amount):				
00050	Option Year 4: Pesticide Monitoring and Enforcement Amount: $93,793.00(Option Line Item) Period of Performance: 06/01/2030 to 05/31/2031				0.00

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date:_____ see page 1

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

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Bureau of Reclamation

Date:_____ see page 1

Margaret Jones, Contract Specialist

License No.:_____
(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. _____

ACCOUNTING:

Fund	Organization	Account	Activity Code (if applicable)
1001	206010	542700	

Encumbrance number (if applicable):
If not to exceed, include amount not to exceed: **$424,097.00**
FY26/27 $65,000
FY27/28 $85,834
FY28/29 $88,409
FY29/30 $91,061
FY30/31 $93,793