



Contract Number

20-212 A-1

SAP Number

Public Works

| | |
|---|---|
| Department Contract Representative | Johnny D. Gayman, P.E. Engineering Manager |
| Telephone Number | (909) 387-7997 |
| Contractor | City of Needles |
| Contractor Representative | Rainie Torrance Emergency Response Coordinator |
| Telephone Number | (760) 326-2115 |
| Contract Term | April 21, 2020 through June 30, 2030 |
| Original Contract Amount | \$75,000 per project not to exceed \$100,000 for each party per fiscal year |
| Amendment Amount | |
| Total Contract Amount | \$100,000 annually |
| Cost Center | 6650002000 |
| Grant Number (if applicable) | |

IT IS HEREBY AGREED AS FOLLOWS:

**Amendment No. 1 to
Cooperative Agreement No. 20-212
Between San Bernardino County and
City of Needles**

San Bernardino County ("County") and City of Needles ("City"), hereby seek to enter into Amendment No. 1 to amend Cooperative Agreement No. 20-212 as follows:

1. DELETE paragraph 4.10 and REPLACE with revised paragraph 4.10 that shall now read as follows:
 - 4.10. Except with respect to the indemnification obligations contained herein which shall survive the termination of this Agreement, this Agreement shall commence on the date it is approved by both

PARTIES, and shall terminate on June 30, 2030, unless it is terminated early as provided in Paragraph 4.9

2. All terms and conditions of Cooperative Agreement No. 20-212 shall remain unchanged.
3. This Amendment No. 1 shall take effect on the date it is last signed by both parties.
4. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signatures shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, **COUNTY** and **CITY** have each caused this Agreement to be subscribed by its respective duly authorized officers on its behalf.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

City of Needles

(Print or type name of corporation, company, contractor, etc.)

By ►

(Authorized signature - sign in blue ink)

Name Janet Jernigan

(Print or type name of person signing contract)

Title Mayor

(Print or Type)

Dated: _____

Address 817 Third Street

Needles, CA 92363

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Aaron Gest, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Andy Silao, P.E.

Date _____

Reviewed/Approved by Department

►

Noel Castillo, Director

Date _____