

**AMENDMENT #1 TO PROFESSIONAL SERVICES AGREEMENT
COUNTY OF MONTEREY & ACCUVANT, INC.**

THIS AMENDMENT is made to the AGREEMENT for **consulting and training services** by and between ACCUVANT, Inc., hereinafter “CONTRACTOR”, and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “County”.

WHEREAS, the County and CONTRACTOR wish to amend the AGREEMENT to increase the term of the agreement, due to the complexity of the project.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

2. Section 3, “Term of Agreement,” shall be amended by removing “*The term of this Agreement is from March 31, 2015 to September 30, 2015.*” and replacing it with “*The term of this Agreement is from March 31, 2015 to December 31, 2015.*”

3. EXHIBIT A – Scope of Services, Section III, “Term of the Agreement,” shall be amended by increasing the term of the Agreement, as per EXHIBIT A-1, page 5, in accordance with this Amendment No. 1.

4. EXHIBIT A – Scope of Services, Section IV, “Payment Provisions,” shall be amended by removing “*For the services described in this Agreement within the term specified above, the maximum obligation of the County will be \$42,700*” and replacing it with “*For the services described in this Agreement within the term specified above, the maximum obligation of the County will be \$42,100.*”

1. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.

2. A copy of the AMENDMENT shall be attached to the original AGREEMENT executed by the County on April 13, 2015.

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IN WITNESS WHEREOF, the parties have executed this AMENDMENT on the day and year written below.

MONTEREY COUNTY

CONTRACTOR

Contracts/Purchasing Officer

By: _____
Signature of Chair, President, or
Vice-President

Dated: _____

Printed Name and Title

Approved as to Fiscal Provisions:

Dated: _____

Deputy Auditor/Controller

By: _____
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)*

Dated: _____

Approved as to Liability Provisions:

Printed Name and Title

Risk Management

Dated: _____

Dated: _____

Approved as to Form:

Deputy County Counsel

Dated: _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.