AMENDMENT #3 TO AGREEMENT A-13883

AMENDMENT #3 TO AGREEMENT A-13883 BY AND BETWEEN COUNTY OF MONTEREY & CENTRAL VALLEY TOXICOLOGY, INC.

THIS AMENDMENT is made to the AGREEMENT A-13883 for postmortem human forensic toxicology testing services for the Monterey County Sheriff's Office, by and between CENTRAL VALLEY TOXICOLOGY, 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 originally entered into this Agreement on July 1, 2018, with a Not to Exceed amount of \$160,000.00 and a term date ending June 30, 2020; and

WHEREAS, the County and CONTRACTOR amended this Agreement on June 6, 2019, by adding \$16,000.00 for a new Not to Exceed amount of \$176,000.00 and extended the agreement by two (2) years with a new term date ending June 30, 2021; and

WHEREAS, the County and CONTRACTOR amended this Agreement on March 23, 2021, by adding \$150,000.00 for a new Not to Exceed amount of \$326,000.00 and extending the agreement by one (1) year with end date of June 30, 2022; and

WHEREAS, the County and CONTRACTOR wish to further amend the AGREEMENT by adding \$85,000.00 for a new Not to Exceed amount of \$441,000.00 and extend the agreement by one (1) year with end date of June 30, 2023; and

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

- 1. Section 2., "PAYMENT PROVISIONS" shall be amended by removing, "The total amount payable by County to CONTRACTOR under this Agreement is not to exceed the sum of \$326,000.00", and replacing it with, "The total amount payable by County to CONTRACTOR under this Agreement is not to exceed the sum of \$441,000.00."
- 2. Section 3., "TERM OF AGREEMENT" shall be amended by removing, "The term of this Agreement is from 7/01/2018 to 6/30/2022" and replacing it with, "The term of this Agreement is from 7/01/2018 to 6/30/2023."
- 3. 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.
- 4. A copy of the AMENDMENT shall be attached to the original AGREEMENT executed by the County on July 1, 2018.

Central Valley Toxicology, Inc.

Amount: \$441,000.00

Term: 07/01/2018 to 06/30/2023

AMENDMENT #3 TO AGREEMENT A-13883

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

MONTEREY COUNTY	Central Valley Toxicology, Inc.		
—Docusigned by: Dubra R. Wilson	*By:		
7B741937AA0D41B Contracts/Purchasing Officer	Signature of Chair, President, or Vice-President		
2/28/2022 8:46 PM PST	* Elle E Fr		
Approved as to Fiscal Provisions:	Printed Name and Title * Dated: 2/24/2022		
Burcu Mousa	Dated.		
Deputy Auditor/Controller	By:		
Dated: 2/28/2022 6:23 PM PST	(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*		
Approved as to Liability Provisions:	Printed Name and Title		
Risk Management	Dated:		
Dated:	<u> </u>		
Approved as to Form:			
Docusigned by: I'm Grant			
Deputy County Counsel			
2/28/2022 9:05 AM PST Dated:			

County Board of Supervisors' Agreement Number: <u>A-13883</u>.

*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.

Central Valley Toxicology, Inc.

Amount: \$441,000.00

Term: 07/01/2018 to 06/30/2023

TAXABLE YEAR

K

CALIFORNIA FORM

2021 Withholding Exemption Certificate

590

2021 Withholding Exchiption Collingua				
The payee completes this form and submits it to the withholding agent. The withhol	ding agent keeps this form with their records.			
Withholding Agent Information				
Name	NE CALIFORNIA			
COUNTY OF MONTEREY, A POLITICAL SUBDIVISION OF THE STATE C	OF CALIFORNIA			
Payee Information	SSN or ITIN FEIN CA Corp no. CA SOS file no.			
Name	•			
Central Valley Toxicology inc. 77-0378505				
Address (apt./ste., room, PO box, or PMB no.)	,			
1580 Tollhouse RD.	State ZIP code			
City (If you have a foreign address, see instructions.)	CA 93611			
Clovis	CA 93011			
Exemption Reason				
Check only one box.	to the Oalthania in some toy withholding			
By checking the appropriate box below, the payee certifies the reason for the exempt requirements on payment(s) made to the entity or individual.	ion from the California income tax withholding			
Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I be notify the withholding agent. See instructions for General Information D, Def	ecome a nonresident at any time, I will promptly finitions.			
Corporations: The corporation has a permanent place of business in California at the additional California Secretary of State (SOS) to do business in California. The corporation ceases to have a permanent place of business in California or of the withholding agent. See instructions for General Information D, Definition	ress shown above or is qualified through the ation will file a California tax return. If this beases to do any of the above, I will promptly notify			
Partnerships or Limited Liability Companies (LLCs): The partnership or LLC has a permanent place of business in California at t California SOS, and is subject to the laws of California. The partnership or L or LLC ceases to do any of the above, I will promptly inform the withholding partnership (LLP) is treated like any other partnership.	LC will file a California tax return. If the partnership			
Tax-Exempt Entities: The entity is exempt from tax under California Revenue and Taxation Code (Internal Revenue Code Section 501(c) (insert number). If this entity of the withholding agent. Individuals cannot be tax-exempt entities.	ceases to be exempt from tax, I will promptly notify			
Insurance Companies, Individual Retirement Arrangements (IRAs), or Qual The entity is an insurance company, IRA, or a federally qualified pension or	ified Pension/Profit-Sharing Plans: profit-sharing plan.			
California Trusts: At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.				
Estates — Certification of Residency of Deceased Person: I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.				
Nonmilitary Spouse of a Military Servicemember: I am a nonmilitary spouse of a military servicemember and I meet the Milita requirements. See instructions for General Information E, MSRRA.	ry Spouse Residency Relief Act (MSRRA)			
CERTIFICATE OF PAYEE: Payee must complete and sign below.				
To learn about your privacy rights, how we may use your information, and the consection to the consection of the consect	quences for not providing the requested information, 352.5711.			
Under penalties of perjury, I declare that I have examined the information on this forn statements, and to the best of my knowledge and belief, it is true, correct, and compl if the facts upon which this form are based change, I will promptly notify the withhold	n, including accompanying schedules and lete. I further declare under penalties of perjury that ing agent.			
Type or print payee's name and title Eduardo Espiritu, President	Telephone (559) 323-9940			
Private standard S. M. S.	Date2/24/2022			
Payee's signature ▶				

COUNTY OF MONTEREY - VENDOR DATA RECORD (Rev. 6-9-2017)

Required when doing business with the County of Monterey - No IRS W-9 form needed (Foreign vendors should submit IRS W-8)

1 RETURN TO:	COUNTY OF MONTEREY Contracts/Purchasing 1488 Schilling Place Salinas, CA 93901 Email: mcvss@co.monterey.ca.us Phone: (831) 755-4990 Fax: (831) 755-4969 VENDOR LEGAL NAME (As shown on income tax return)	PURPOSE: Information cont the County of Monterey to pre 1099) and for withholding on vendors. Prompt return of thi prevent delays when process See Privacy Statement and Withholding Information on ORDERING (MAILING) ADDRESS	is fully completed form will ing payments. California Non-Resident		
	Central Valley Toxicology Inc.	1580 Tollhouse RD.			
	ALIAS / DBA (If different than above)		ORDERING (MAILING) CITY, ST, ZIP		
	Make Payment To:	Clovis, CA 93611 PAYMENT ADDRESS (If different than above)			
2	✓ Legal Name	PATIVIERY ADDICESS (II dilitatetti tilali diseve)			
	PRIMARY CONTACT NAME	PAYMENT CITY, STATE, ZIP			
NAME AND	Eduardo Espiritu PRIMARY CONTACT PHONE PRIMARY CONTACT FAX	EMERGENCY SERVICES OPTION			
ADDRESS	559-323-9940 559-323-7502				
	PRIMARY CONTACT EMAIL	EMERGENCY (After hours) CONTACT NAME PHONE NUMBER			
	jspangle@cvtox.com				
For Tax ID entry instructions, please see next page. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.					
	FEDERAL EMPLOYER IDENTIFICATION NUME		3 7 8 5 0 5		
	✓C CORPORATION	TRUST/ESTATE			
3	☐s corporation	_	PANY (LLC)		
	☐ LIMITED LIABILITY COMPANY (LLC) ☐ PARTNERSHIP (Check one below)				
TAX ID	☐EXEMPT PAYEE (e.g., government, non-profit)	☐C Corporation ☐S Corporation			
AND	□other:	Partnership			
BUSINESS					
ENTITY TYPE	SOCIAL SECURITY NUMBER (SSN):	-	- '		
	□INDIVIDUAL OR SOLE PROPRIETOR				
	PLEASE CHECK ALL BOXES THAT ARE APPLICATE	BLE TO THE CATEGORY OF PAY	MENT:		
4	☐ SUPPLIES / EQUIPMENT ☐ ATTORNEY SE	RVICES INTEREST			
	SERVICES (MEDICAL) LEGAL SETTLEMENT GRANTS				
PAYMENT TYPE	SERVICES (NON-MEDICAL) RENT / LEASE OTHER:				
&	& Are you a former County of Monterey Employee? 🗸 Yes 🔲 No				
ACTIVITY Are you a Certified Green Business? (Information regarding green certification on next page.) Yes					
5	CALIFORNIA STATE WITHHOLDING STATUS (CA withholding information on next page.)				
<u> </u>	California Resident <i>Attach Form 590</i>				
VENDOR RESIDENCY STATUS FOR CA TAX PURPOSES	California Franchise Tax Board Waiver of State Withholding Attach Waiver Company is registered with the Secretary of State OR has a permanent place of business in the state of CA. Attach Form 590 All services for payments issues are performed OUTSIDE of California Attach Form 587				
6	355 —				
CERTIFYING	Authorized Representative's Name (Type or Print)	Title			
SIGNATURE		President / Lab Direct	T		
	Signature ;	Date 2/24/2022	Phone 559-323-9940		