

**RENEWAL AND AMENDMENT No. 1 TO AGREEMENT
BY AND BETWEEN COUNTY OF MONTEREY &
NATIVIDAD MEDICAL FOUNDATION DBA
INDIGENOUS INTERPRETING +**

THIS RENEWAL NO. 1 AND AMENDMENT is made to the **AGREEMENT**, for language services by and between Natividad Medical Foundation DBA Indigenous Interpreting +, 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** entered into **AGREEMENT** with a start date of May 1, 2016 and for a total not to exceed of \$50,000;

WHEREAS, the Agreement expired by its terms on June 30, 2019; and

WHEREAS, the County and **CONTRACTOR** wish to renew the **AGREEMENT** retroactive to July 1, 2019; and

WHEREAS, the County and **CONTRACTOR** wish to renew the **AGREEMENT** to extend the term of **AGREEMENT** for TWO (2) additional years.

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

1. Paragraph 3, “**TERM OF AGREEMENT**”, shall be amended by removing “The term of this Agreement is from May 1, 2016 to June 30, 2019, unless sooner terminated pursuant to the terms of this Agreement”, and replacing it with “The term of this Agreement is from May 1, 2016 to June 30, 2021, unless sooner terminated pursuant to the terms of this Agreement”.
2. Except as provided herein, all remaining terms, conditions and provisions of the **AGREEMENT** are unchanged and unaffected by this **RENEWAL NO. 1 AND AMENDMENT No. 1** and shall continue in full force and effect as set forth in the **AGREEMENT**.
3. A copy of this **RENEWAL NO. 1 AND AMENDMENT No. 1** shall be attached to the original **AGREEMENT** executed by the County on July 22, 2016.

IN WITNESS WHEREOF, the parties have executed this RENEWAL NO. 1 AND AMENDMENT on the day and year written below.

MONTEREY COUNTY

CONTRACTOR

Contracts/Purchasing Officer

By: Jennifer Williams
Signature of Chair, President, or
Vice-President

Dated: _____

Jennifer Williams, President + CEO
Printed Name and Title

Approved as to Fiscal Provisions:

Dated: 7-25-19

Deputy Auditor/Controller

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

Dated: 8-5-19

Approved as to Liability Provisions:

WALLS M.D.
Printed Name and Title

Risk Management

Dated: 7/26/19

Dated: _____

Approved as to Form:

Deputy County Counsel

Dated: 8/2/19

Director of Health

Dated: 09/17/2019

*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.