

**AMENDMENT #1
TO AGREEMENT BETWEEN
COUNTY OF MONTEREY AND DUANE MORRIS LLP**

THIS AMENDMENT is made to the AGREEMENT for the provision of general legal services, consultation and coverage analysis by and between **Duane Morris, LLP**, 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 previously entered into the original AGREEMENT on May 31, 2013; and

WHEREAS, the CONTRACTOR is nearing the maximum amount of compensation under the AGREEMENT; and

WHEREAS, the COUNTY and CONTRACTOR hereby wish to amend the AGREEMENT, to increase the total amount of the AGREEMENT by \$9,900, from \$90,000 to **\$99,900**.

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

1. Section 3. "COMPENSATION", Subsection 3.02 "Budget", shall be amended by increasing the amount of the AGREEMENT by \$9,900 from \$90,000 for a total amount not to exceed \$99,900.
2. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT, including billing rates, are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect, as set forth in the AGREEMENT.
3. A copy of the AMENDMENT shall be attached to the original AGREEMENT executed by the COUNTY on May 31, 2013.

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

MONTEREY COUNTY

Debra Wilson
Contracts/Purchasing Officer

Dated: 11 Mar 2015

Approved as to Fiscal Provisions:

[Signature]
Deputy Auditor/Controller

Dated: 3-10-15

Approved as to Liability Provisions:

RISK MANAGEMENT
COUNTY OF MONTEREY
[Signature]
APPROVED AS TO INDEMNITY/
Risk Management
INSURANCE LANGUAGE

Dated: 3/9/15

By: _____

Date: _____
Approved as to Form:

Kay Reiman
Deputy County Counsel

Dated: 3/10/15

CONTRACTOR

[Signature] DEANNE MORRIS, LLP
By: Thomas Berliner,
Partner

Signature of Chair, President, or
Vice-President

Thomas Berliner, Partner
Printed Name and Title

Dated: March 5, 2015

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

~~Printed Name and Title~~

~~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.

ROUTING FORM – RQN #: * 646

Date: 3-9-15

AGREEMENT AMENDMENT BOARD REPORT FOR PRE-APPROVAL

Vendor Name: **DUANE MORRIS LLP**

Title/Brief Description of Document: Amendment No. 1

Originating Dept.: **RISK MANAGEMENT**

Dept. Contact WITH Phone #: **KARI, 796-3090**

This Agreement or Amendment requires Board Approval: Yes No

This Agreement requires an MYA: Yes No

AGREEMENT TYPE

<input checked="" type="checkbox"/> RQNSA – Standard Agreement	<input type="checkbox"/> RQNS – Non-Standard Agreement
<input type="checkbox"/> RQNIT – ITD Standard Agreement	<input type="checkbox"/> RQNIN – ITD Non-Standard Agreement
<input type="checkbox"/> RQNPB – Pre-Board Standard Agreement	<input type="checkbox"/> Non-Standard Board Agreement (Not to be tracked within RQN)
<input type="checkbox"/> Insurance & Endorsement Current	<input type="checkbox"/> VDR & Non-Resident State Forms Verified

ROUTING AND APPROVALS*

Each Approving Authority is requested to forward the Service Contract to the next Approving Authority in the order listed herein. Thank you.

	Approving Authority:	Approval Initials	Comments:	Date Reviewed
1st	ITD(for all ITD related contracts)			
2nd	County Counsel (required)	Kay R	A15-00595	3/10/15
3rd	Risk Management (non-standard insurance and/or indemnity provisions)			
4th	Auditor-Controller (required)			3/10/15
5th	Contracts/Purchasing (required)	AW		3-11-15
	Return to Originating Department Instructions	*	ISSUE W/RQN SYSTEM - ROUTING W/O PUTTING IN SYSTEM DUE TO THE NEED TO EXPEDITE.	

* In the event that one of the approving authorities has an issue with the document and will not sign, the document shall be returned immediately to the originating department's key contact person identified herein along with a brief written explanation regarding the issue. Once that issue is corrected, the originating department shall restart the routing process again from the beginning by resubmitting the document through the approval process. The original Routing Form should be included for reference.

* PLEASE RETURN TO KARI PICOLI ONCE ALL SIGNATURES HAVE BEEN ACQUIRED

MYA #: _____