

## **Amendment No. 1**

To Agreement by and between  
The County of Monterey, on behalf of the Monterey County Health Department,  
hereinafter referred to as “County”  
AND  
Arbor Environmental LLC, hereinafter referred to as “CONTRACTOR”

This Amendment No. 1 is made and entered into, by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “COUNTY”, and Arbor Environmental, LLC, hereinafter referred to as “CONTRACTOR”.

### **RECITALS:**

**WHEREAS**, the COUNTY and CONTRACTOR have heretofore entered into an Agreement to provide professional consulting services related to qualitative respirator fit testing for the period of October 10, 2022 to October 9, 2024 and for an amount not to exceed \$32,500 (“Agreement”); and

**WHEREAS**, the COUNTY and CONTRACTOR wish to amend this Agreement to include an Insurance Modification.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend the Agreement in the following manner:

1. EXHIBIT B – Insurance Modification is hereby added to this Agreement.
2. Except as provided herein, all remaining terms, conditions, and provisions of the Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
3. This Amendment No. 1 shall be effective upon execution by both parties.
4. A copy of this Amendment No. 1 shall be attached to the original Agreement executed by the COUNTY and CONTRACTOR on October 7, 2022.

**IN WITNESS WHEREOF**, County and CONTRACTOR have executed this Amendment No. 1 as of the day and year written below.

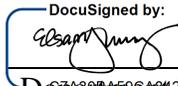
**COUNTY OF MONTEREY**

**CONTRACTOR**

By: \_\_\_\_\_  
Contracts/Purchasing Officer

Arbor Environmental, LLC  
Contractor's Business Name\*

Date: \_\_\_\_\_

By:  \_\_\_\_\_  
Department Head (if applicable)

By:  \_\_\_\_\_  
(Signature of Chair, President, or Vice-President) \*

Date: 12/11/2023 | 9:00 AM PST

Jocelyn Hunter Director

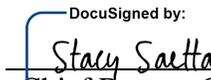
By: \_\_\_\_\_  
Board of Supervisors (if applicable)

Name and Title

Date: \_\_\_\_\_

Date: 12/8/2023 | 11:40 AM PST

Approved as to Form<sup>1</sup>

By:  \_\_\_\_\_  
Chief Deputy County Counsel

By:  \_\_\_\_\_  
F106A706EC634BF...

Date: 12/8/2023 | 1:00 PM PST

(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Assistant Treasurer) \*

Robert Shelby Director

Approved as to Fiscal Provisions<sup>2</sup>

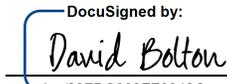
By:  \_\_\_\_\_  
Auditor/Controller

Name and Title

Date: 12/8/2023 | 4:48 PM PST

Date: 12/8/2023 | 12:00 PM PST

Approved as to Liability Provisions<sup>3</sup>

By:  \_\_\_\_\_  
Risk Management

Date: 12/8/2023 | 1:18 PM PST

**\*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.

<sup>1</sup>Approval by County Council is required <sup>2</sup>Approval by Auditor-Controller is required <sup>3</sup>Approval by Risk Management is necessary only if changes are made in paragraph 8 or 9