

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT**This is an amendment to an existing Agreement**

Purchase Order Number:	4400007558	Amendment Number:	1	Effective Date (Will be the date executed by Authorized County Representative):	11/5/2019
------------------------	------------	-------------------	---	---	-----------

Maximum Financial Obligation (Prior to this Amendment):	\$ 75,000	Amended Maximum Financial Obligation (If dollar amount is changing):	\$ 105,000
Current Agreement End Date:	12/31/2020	New Agreement End Date:	12/31/2020

For County Use Only – SAP

	Account Assignment	Plant Number	General Ledger (Expense Code)	Cost Center (Dept Code)	Amount	WBS (Capital Project Code)	Internal Order (“PCA” code – optional)
Line 1	Select...	0260	5255500	1181	30,000		100156
Line 2	Select...						
Line 3	Select...						
Line 4	Select...						
Line 5	Select...						

Parties to Agreement

Legal notices and invoices pertaining to this Agreement shall be sent to the appropriate contact person listed below. Notices shall be in writing and served either by personal delivery or sent by certified or registered mail, postage prepaid, addressed as follows. Notice shall be deemed effective on the date that the notice is personally delivered or, if mailed, three (3) days after deposit in the mail. Either party may designate a different person and/or address for the receipt of notices by sending written notice to the other party, which shall not require an amendment to this Agreement.

Contractor

Contractor Name (As Displayed In SAP):	4LEAF INC
Contact Person:	Craig Tole
Street Address *:	2110 Rheen Drive., Suite A
City, State, Zip *:	Pleasanton, CA 94588
Telephone Number *:	(925) 580-4055 (cell)
Email Address *:	ctole@4leafinc.com
SCC Vendor Number (As Assigned In SAP):	1027810

* To be completed for Independent Contractors Only – DO NOT COMPLETE FOR DEPENDENT CONTRACTORS

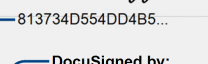
REQ# 40028891

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT**This is an amendment to an existing Agreement**

County of Santa Clara		
Agency / Department:	Planning and Development	Department Number: 260
Program Manager or Contract Monitor Name:	Robert Salisbury	
Street Address:	70 W. Hedding Street, 7th Floor, East Wing	
City, State, Zip:	San Jose, CA 95110	
Telephone Number:	(408) 299-5785	
Fiscal Contact (Accounts Payable Contact):	Bhama Ashok	
Contract Preparer:	Sarah Oliveira	

Signatures

Amendment is not valid until signed by Contractor, County Counsel and the County Authorized Representative. The Agreement as amended constitutes the entire agreement of the parties concerning the subject matter herein and supersedes all prior oral and written agreements, representations and understandings concerning such subject matter. By signing below, signatory warrants and represents that he/she executed this Amendment in his/her authorized capacity, that he/she has the authority to bind the entity listed below to contractual obligations and that by his/her signature on this Amendment, the entity on behalf of which he/she acted, executed this Amendment.

Agency/Department Manager:	Jacqueline Onciano	 DocuSigned by: Jacqueline Onciano 58D620AC52194DC...	Date:	10/18/2019
Agency/Department Fiscal Officer:	Laura Colunga	 DocuSigned by: Laura Colunga 56DECC8D574A469...	Date:	10/16/2019
County Counsel Approval as to Form and Legality: <i>(Signature required on all contracts before execution by Contractor or County Authorized Representative)</i>	Elizabeth Pianca	 DocuSigned by: Elizabeth Pianca 120C885066C7416...	Date:	10/16/2019
Contractor:	Kevin Duggan	 DocuSigned by: Kevin Duggan 813734D554DD4B5...	Date:	10/16/2019
County Authorized Representative: <i>(Procurement Department; President, Board of Supervisors; or Delegated Authority)</i>		 DocuSigned by: Long Zhang B2D7984E4AED475...	Date:	11/5/2019
Office of the County Executive: <i>(Signature required when Board approved contract by a Delegation of Authority)</i>			Date:	
Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors.	Attest: Megan Doyle Clerk of the Board of Supervisors <i>(Signature required when Board approved contract)</i>		Date:	

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT**This is an amendment to an existing agreement****Reason(s) for Amending the Service Agreement****Amend Term of Agreement**

Or see Attachment _____ as incorporated by this reference

Amend Contract Specifics

Note: A new Agreement should be created if the Scope of Services is significantly modified or expanded.

Or see Attachment _____ as incorporated by this reference

Amend Maximum Financial Obligation

A.	Maximum Financial Obligation prior to this Amendment: (Same as on page 1)	\$ 75,000
B.	Amount of increase or decrease: (Explain below)	\$ 30,000
C.	Revised Maximum Financial Obligation: (A +/- B will equal C)	\$ 105,000

Explanation of increase / decrease (include new payment terms if applicable):

The Planning Division, within the Department of Planning and Development, seeks an amendment to the maximum financial obligation for Landscape Plan Review Services in the amount of \$30,000.00. The requested increase is due to the unanticipated amount of Landscape Plan Review requests this Fiscal Year (FY20), primarily due to the large Stanford development project. An increase in budget is required to fulfill the division's current need.

Or see Attachment _____ as incorporated by this reference

COUNTY OF SANTA CLARA – AMENDMENT TO SERVICE AGREEMENT

This is an amendment to an existing agreement

Amend Standard Provisions

Or see Attachment _____ as incorporated by this reference
 Or Section VI. Standard Provisions is replaced in its entirety by Attachment _____

Other (please explain below)

Or see Attachment _____ as incorporated by this reference

Contract History

Total financial obligation from prior fiscal year(s):	\$ 75,000
Financial obligation in current fiscal year:	\$ 30,000
Cumulative total of all agreements with this Contractor within Budget Unit for same type of services (including this amendment):	\$ 105,000

Insurance

<input checked="" type="checkbox"/>	Insurance does not require changes
	Insurance Exhibit is replaced by Exhibit B _____ attached and incorporated by this reference.