

**CONTRACT AMENDMENT/EXTENSION
AGREEMENT
(Purchase of Services – Long Form)**

Number:
Fund/Org:
Account:
Other:

1. **Identification of Contract to be Extended.**

Number: 6B9394

Effective Date: September 14, 2021

Department: Public Works

Subject: On-Call Grazing Services

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: Terri Oyarzun d/b/a Goats R Us

Capacity: Sole Proprietor

Address: P.O. Box 37 Orinda, CA 94563

3. **Amendment Date.** The effective date of this Amendment/Extension Agreement is July 9, 2024.

4. **Extension of Term.** The termination date of the above described contract is hereby extended from September 13, 2024, to a new termination date of September 13, 2026, unless sooner terminated as provided in said contract.

5. **Payment Limit Increase.** The payment limit of the above described Contract is hereby increased by \$ 500,000.00, from \$ 700,000.00 to a new total Contract Payment Limit of \$ 1,200,000.00.

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6. **Signatures.** These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS By: _____ Chair/Designee	ATTEST: Clerk of the Board of Supervisors By: _____ Deputy
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CONTRACTOR

Signature A Name of business entity: By: _____ (Signature of individual or officer) _____ (Print name and title A, if applicable)	Signature B Name of business entity: By: _____ (Signature of individual or officer) _____ (Print name and title B, if applicable)
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Note to Contractor: For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

RECOMMENDED BY DEPARTMENT

FORM APPROVED BY COUNTY COUNSEL

By: _____
Designee

By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee