

Attachment 5

FOURTH AMENDMENT TO BIOSOLIDS SPREADING AGREEMENT NUMBER F001493 WITH GILARDI & JACOBSEN AG SERVICES, INC.

This Fourth Amendment to Agreement number F001493, dated August 31, 2017, (“Agreement”) is made as of this _____ day of _____, 2021, by and between the City of Santa Rosa, a municipal corporation (“City”), and Gilardi & Jacobsen Ag Services Inc., a California Corporation (“Contractor”).

RECITALS

- A. City and Contractor entered into the Agreement for Contractor to provide Biosolids spreading services, as previously amended by Third Amendment on April 30, 2020, to extend the term for one year and increase compensation.
- B. City and Contractor now desire to amend the Agreement for the purpose of extending the term and increasing compensation.

AMENDMENT

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

1. TERM

Pursuant to Section 2 of the Agreement, the parties hereby agree to extend the term of the Agreement to April 30, 2022.

2. COMPENSATION

2.1 Exhibit “B” to the Agreement and Exhibit “B-1” to the First Amendment and Exhibit “B-2” of the Second Amendment, Exhibit “B-3” of Third Amendment are replaced by Exhibit “B-4” to this Fourth Amendment for the extension of the term.

2.2 Section 4 of the Agreement is amended to increase the compensation payable to Contractor under the Agreement by \$24,011.75 to read as follows:

“The total of all fees paid to Contractor for the satisfactory performance and completion of all services set forth in the Agreement shall not exceed the total sum of \$122,981.45. The Chief Financial Officer is authorized to pay all proper claims from Charge Number 130807-5321.”

All other terms of the Agreement shall remain in full force and effect.

Executed as of the day and year first above stated.

CONTRACTOR:

CITY OF SANTA ROSA
a Municipal Corporation

Gilardi & Jacobsen Ag Services, Inc.

TYPE OF BUSINESS ENTITY (*check one*):

- Individual/Sole Proprietor
- Partnership
- Corporation
- Limited Liability Company
- Other (please specify: _____)

By: _____

Print Name: _____

Title: _____

Signatures of Authorized Persons:

APPROVED AS TO FORM:

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____

Office of the City Attorney

Taxpayer ID # 35-2454704

Attachment:

Exhibit "B-4" – Compensation Schedule