

**MODIFICATION NUMBER ONE OF AGREEMENT BETWEEN  
THE CITY OF SANTA ROSA AND  
THE COUNTY OF SONOMA  
FOR OPERATIONAL FUNDING AT  
THE SAMUEL L. JONES HALL HOMELESS SHELTER**  
(Version 2025 Aug 12)

On June 17, 2025, the County of Sonoma, a political subdivision of the State of California, (hereinafter "COUNTY") and City of Santa Rosa (hereinafter "CITY") entered into a funding agreement (hereinafter "Agreement").

Pursuant to Section 14 (Merger) of the Agreement, the parties hereby evidence their intent and desire to modify the Agreement as follows:

1. Article 1 (Obligation of COUNTY) is hereby revised to read as follows:

1. Obligation of COUNTY

COUNTY shall provide funding to CITY for the costs paid to OPERATOR for operating the SHELTER in an amount not to exceed \$255,000 for Fiscal Year 2025-2026 and \$255,000 for Fiscal Year 2026-2027 for a total of \$510,000, provided that the funding is identified and appropriated by the County of Sonoma Board of Supervisors in the COUNTY budget and provided that the OPERATING AGREEMENT between the CITY and OPERATOR remains in effect. Payment shall be made only upon the review of invoices for completeness as determined by the County.

2. Article 3 (Term of Agreement) is hereby revised to read as follows:

3. Term of Agreement

The term of this AGREEMENT shall be from July 1, 2025 to June 30, 2027 unless terminated earlier. Notwithstanding any other provision of this AGREEMENT, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this AGREEMENT by giving five (5) days advance written notice to CITY.

3. Article 15 (Method and Place of Giving Notice) is hereby revised to read as follows:

15. Method and Place of Giving Notice, Submitting Bills, and Making Payments

All notices, bills, and payments shall be made in writing and shall be given by email, personal delivery, by U.S. mail, or courier service. Notices, bills, and payments shall be addressed as follows:

<b>To County</b>	<b>To Contractor</b>
<p>ALL COMMUNICATIONS  Michael Gause  Ending Homelessness Manager  Department of Health Services  County of Sonoma  1450 Neotomas Avenue, Suite 120  Santa Rosa CA 95405  707-565-4099  michael.gause@sonomacounty.gov</p>	<p>Kelli Kuykendall  Housing and Community Services Manager  City of Santa Rosa  90 Santa Rosa Ave.  Santa Rosa CA 95404  707-543-3315  kkuykendall@srcity.org</p> <p>and</p>
<p>INVOICES ONLY  Erika Bernheimer  Department of Health Services  County of Sonoma  1450 Neotomas Avenue, Suite 114  Santa Rosa CA 95405  707-565-4072  erika.bernheimer@sonomacounty.gov</p>	<p>Sasha Brown  Program Specialist II  City of Santa Rosa  90 Santa Rosa Ave.  Santa Rosa CA 95404  707-543-4314  sashabrown@srcity.org</p>
<p>and</p> <p>Jennifer Miller  Department of Health Services  County of Sonoma  1450 Neotomas Avenue, Suite 120  Santa Rosa CA 95405  707-565-7209  jennifer.miller@sonomacounty.gov</p>	

When a notice, bill, or payment is given by a generally recognized overnight courier service, the notice, bill, or payment shall be deemed received on the next business day. When a copy of a notice, bill, or payment is sent by email, the notice, bill, or payment shall be deemed received upon transmission. In all other instances, notices, bills, and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this Article 15.

Except as expressly modified herein, all terms and conditions of Agreement shall remain in full force and effect.

§ The remainder of this page has intentionally been left blank. §

IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their authorized representatives this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

**CONTRACTOR:**

\_\_\_\_\_  
Lori Ann Farrell, Interim City Manager  
City of Santa Rosa

\_\_\_\_\_  
Dated

Approved as to Form:

\_\_\_\_\_  
City Attorney's Office

\_\_\_\_\_  
Dated

**COUNTY OF SONOMA:**

Approved; Certificates of Insurance on File with County:

\_\_\_\_\_  
Nolan Sullivan, Director  
Department of Health Services

\_\_\_\_\_  
Dated

Approved as to Substance:

\_\_\_\_\_  
Division Director or Designee

\_\_\_\_\_  
Dated

Approved as to Form:

\_\_\_\_\_  
Sonoma County Counsel

\_\_\_\_\_  
Dated

Approved as to Substance:

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Privacy & Security Officer or Designee

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Dated