

Attachment 5

FOURTH AMENDMENT TO AGREEMENT FOR ACCEPTANCE OF BIOSOLIDS AND LAND APPLICATION NUMBER F001429 WITH GILARDI & JACOBSEN AG SERVICES, INC.

This Fourth Amendment to Agreement number F001429, dated June 16, 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, as the user (“USER”).

RECITALS

- A. CITY and USER entered into the Agreement for terms pursuant to which USER receives and applies Biosolids to cropland on Farm, as previously amended by Third Amendment on April 2, 2020, to extend the Term for one year and increase Compensation.
- B. CITY and USER now desire to amend the Agreement for the purpose of extending the term for one additional year and increasing the 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 for one additional year, to April 30, 2022.

2. COMPENSATION

2.1 Section 12.2 of the Agreement is amended to increase the compensation payable to USER under the Agreement by \$38,895.00 to read as follows:

“Total maximum compensation to be paid hereunder shall in no event exceed the sum of \$219,432.00, itemized as: \$125,332.00 for spreading of Biosolids and Lime, \$81,600.00 for spraying of herbicide, and \$12,500.00 for Biosolids Application Fee. 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.

USER:

Gilardi & Jacobsen Ag Services, Inc.

TYPE OF BUSINESS ENTITY (*check one*):

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

Signatures of Authorized Persons:

By: _____

Print Name: _____

Title: _____

By: _____

Print Name: _____

Title: _____

CITY OF SANTA ROSA

a Municipal Corporation

By: _____

Print Name: _____

Title: _____

APPROVED AS TO FORM:

Office of the City Attorney

ATTEST:

Recording Secretary

Taxpayer ID# 35-2454704