Second ADDENDUM TO AGREEMENT
BY AND BETWEEN THE
COUNTY OF MARIN AND GOVERNMENT FINANCE OFFICER'S ASSOC.

THIS Second ADDENDUM is made and entered into on January 23, 2007, by and between the COUNTY OF MARIN, a political subdivision of the State of California (hereinafter referred to as "County") and GOVERNMENT FINANCE OFFICER'S ASSOC. **(hereinafter referred to as "Contractor")**

RECITALS

WHEREAS, the County and the Contractor entered into an agreement for **GFOA staff to assist the MERIT project since implementation began, and several tasks remain to be completed in the project which require continued assistance from GFOA staff. We recommend extending the current contract through August 31, 2007** dated **March 22, 2005** ("Agreement"); and

WHEREAS, **Section 4, Maximum cost to County Section 14, Time of Agreement** to the agreement obligated Contractor to;

and

WHEREAS, the parties desire to amend the agreement to **Section 4, maximum cost to county: In no event will the cost to the county exceed $148,000.00 Section 14, new termination date is August 31, 2007**

NOW, THEREFORE, the parties agree to modify **Section 4: Maximum cost to county Section 14: Time of agreement** as set forth below.

AGREEMENT

1. Except as otherwise provided herein all terms and conditions of the agreement shall remain in full force and effect.

2.   **X**   Updated Certificate of Insurance(s) attached hereto.

3. Section 4: Maximum cost to county Section 14: Time of agreement is/are hereby amended to read as follows:

Maximum cost to County of Marin not to exceed $148,000.00
New termination date is August 31, 2007

IN WITNESS WHEREOF, the parties hereto have executed this Second Addendum on the day first written above.

CONTRACTOR: COUNTY OF MARIN:

By: _____   _____

COUNTY COUNSEL REVIEW AND APPROVAL *(Only required if any of the noted reason(s) applies)*
REASON(S) REVIEW:
❑ **Contract Requires Board of Supervisors' Approval**
❑ **Standard Short Form Content Has Been Modified**
❑ **Optional Review by County Counsel at Department's Request**

_____
County Counsel