

**FIRST AMENDMENT TO
JOINT POWERS AGREEMENT
BETWEEN THE COUNTY OF DAKOTA AND
THE CITY OF MENDOTA HEIGHTS
TO OPERATE A RESIDENTIAL ORGANICS DROP-OFF SITE**

WHEREAS, effective June 1, 2021, the County of Dakota (County) and City of Mendota Heights (“Municipality”) entered into a JOINT POWERS AGREEMENT (“JPA”) for the operation of a residential organics drop-off site.

WHEREAS, the parties desire to amend the JPA to provide for additional reimbursement funding for the Municipality in response to increased costs in operating the drop-off site during the term of the JPA; and

WHEREAS, the JPA provides that any amendments shall be valid only when expressed in writing and duly signed authorized representatives of both parties.

NOW, THEREFORE, in consideration of the mutual covenants contained herein the parties agree as follows:

1. To amend Section 6.1 Funding Amount to increase the allocated reimbursement funding for the Municipality by \$29,000.00, for a total amount not to exceed **\$57,500.00** as set forth in Exhibit 1.
2. To amend Exhibit 1 as follows:

Exhibit 1
Allocated Funds
Six (6) – Year Term
Anticipated reimbursement amount for the City of Mendota Heights Organics Drop-Off Site

Total Anticipated Reimbursement Amount

Hauling - Collection and Composting Fees	\$33,303
Compostable Bags – Participant Use	\$24,197
Total Reimbursement Amount	\$57,500

3. All other terms of the JPA between the County and City shall remain in full force and effect unless otherwise amended or terminated in accordance with law or the terms of the Contract.
4. In any case where this Amendment conflicts with the original JPA, this Amendment shall govern.

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DAKOTA COUNTY

Nikki Stewart, Director
Environmental Resources Department
Date of Signature: _____

CITY OF MENDOTA HEIGHTS

Stephanie Levine, Mayor
City of Mendota Heights
Date of Signature: _____

Attest: _____
Nancy Bauer, City Clerk
City of Mendota Heights
Date of Signature: _____

APPROVED AS TO FORM:

Assistant County Attorney Date
KS-2020-00485-001

COUNTY BOARD RESOLUTION

No. _____ Date: _____