

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number
25-511 A1

SAP Number

Department of Behavioral Health

Department Contract Representative	Vanessa Esparza
Telephone Number	(909) 388-0858
Contractor	Community Hospital of San Bernardino
Contractor Representative	Corrina Sanchez
Telephone Number	(909) 475-4630
Contract Term	July 1, 2025 through June 30, 2030
Original Contract Amount	\$60,869,390 Aggregate
Amendment Amount	\$28,644,555 Aggregate
Total Contract Amount	\$89,513,945 Aggregate
Cost Center	9204261000
Grant Number (if applicable)	N/A

Amendment No. 1

This Amendment is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Community Hospital of San Bernardino referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

IN THAT CERTAIN **Contract No. 25-511** ("Contract") by and between San Bernardino County, a political subdivision of the State of California, and Contractor, which Contract first became effective July 1, 2025, the following changes are hereby made and agreed to in the Contract, effective upon execution of this Amendment:

I. **REFERENCED CONTRACT PROVISIONS**

The Aggregate Maximum Obligation of the REFERENCED CONTRACT PROVISIONS is amended to read as follows:

Aggregate Maximum Obligation:

TOTAL AGGREGATE MAXIMUM OBLIGATION: \$89,513,945

II. **V. FUNDING AND BUDGETARY RESTRICTIONS**

Paragraph E of Section V of the Contract is amended to read as follows:

E. The maximum aggregate financial obligation under this contract shall not exceed \$89,513,945 for the contract term.

All other terms and conditions of Contract No. 25-511 remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF, or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: APR 21 2026

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *Lynna Monell*
Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By *[Signature]*
Deputy


COMMUNITY HOSPITAL OF SAN BERNARDINO

(Print or type name of corporation, company, contractor, etc.)
Signed by:
By ► *June Collison*
(~~Signature~~ signature - sign in blue ink)

Name June Collison
(Print or type name of person signing contract)

Title President
(Print or Type)

Dated: 4/15/2026

Address 1805 Medical Center Drive
San Bernardino, CA 92411

FOR COUNTY USE ONLY

Approved as to Legal Form
Signed by:
► *[Signature]*
Kristina R. ~~Robles~~ Deputy County Counsel
Date 4/16/2026

Reviewed for Contract Compliance
Signed by:
► *Michael Shin*
Michael Shin, Administrative Manager
Date 4/16/2026

Reviewed/Approved by Department
Signed by:
► *Joshua Dugas*
Joshua Dugas, Acting Director
Date 4/16/2026