



Contract Number

20-1154 A-1

SAP Number

Board of Supervisors

Department Contract Representative	Stephenie Shea
Telephone Number	387-4919
Contractor	Adam Acosta (hereinafter called "Contractor")
Contractor Representative	
Telephone Number	On File
Contract Term	
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	1005001000

IT IS HEREBY AGREED AS FOLLOWS:

Effective June 5, 2021, Contract No. 20-1154 is hereby amended as follows:

ADD, Subsection R. PORTABLE COMMUNICATION DEVICE ALLOWANCE to SECTION IV. COMPENSATION OF CONTRACTOR, with the following:

IV. COMPENSATION OF CONTRACTOR

R. PORTABLE COMMUNICATION DEVICE ALLOWANCE

CONTRACTOR shall receive a bi-weekly portable communication device allowance of \$92.31. With written approval of the Fifth District Supervisor, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication device (increases or decreases), but any increase shall not exceed the maximum amount allowable for the Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of Contract No. 20-1154 and all amendments remain unchanged and are incorporated herein by this reference.

COUNTY OF SAN BERNARDINO

▶ *Curt Hagman*
Curt Hagman, Chairman, Board of Supervisors

Dated: JUN 08 2021

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
of the County of San Bernardino
Deputy



Adam Acosta
(Print or type name of corporation, company, contractor, etc.)

By ▶ *Adam Acosta*
(Authorized signature - sign in blue ink)

Name Adam Acosta
(Print or type name of person signing contract)

Title Deputy Chief of Staff – Fifth District
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ *Cynthia O'Neill*
Cynthia O'Neill, Principal Assistant County Counsel
Date 6/2/21

Reviewed for Contract Compliance
▶ _____
Date _____

Reviewed/Approved by Department
▶ _____
Date _____