



Contract Number

14-613 A-6

SAP Number

N/A

Department of Public Health

Department Contract Representative	John Greswit
Telephone Number	(909) 388-0255
Contractor	City of Highland
Contractor Representative	Lawrence Mainez, Community Development Director
Telephone Number	(909) 864-8732
Contract Term	07/01/14 through 06/30/21
Original Contract Amount	\$2,643,384
Amendment Amount	\$467,172
Total Contract Amount	\$3,110,556
Cost Center	9300261000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 6

It is hereby agreed to amend contract No. 14-613, effective July 1, 2020, as follows:

Section III. Fiscal Provisions, Paragraph A is amended to read as follows:

- A. The maximum amount of reimbursement under this Contract shall not exceed \$3,110,556. The consideration to be paid to County, as provided herein, shall be full payment for all County's services and expenses incurred in the performance hereof, including travel and per diem. The maximum amount is a total dollar amount that includes the original contract amount and all subsequent amendments, broken down as follows:

Original Contract	\$436,202	July 1, 2014 through June 30, 2015
Amendment No. 1	\$436,202	July 1, 2015 through June 30, 2016
Amendment No. 2	\$436,202	July 1, 2016 through June 30, 2017
Amendment No. 3	\$444,926	July 1, 2017 through June 30, 2018
Amendment No. 4	\$444,926	July 1, 2018 through June 30, 2019
Amendment No. 5	\$444,926	July 1, 2019 through June 30, 2020
Amendment No. 6	\$467,172	July 1, 2020 through June 30, 2021

Section V. Term is amended to read as follows:

This Contract is effective as of July 1, 2014, and is extended from its amended expiration date of June 30, 2020, to expire on June 30, 2021, but may be terminated earlier in accordance with provisions of Section VI of the Contract.

All other terms and conditions of Contract No. 14-613 remain in full force and effect.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, Board of Supervisors

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

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

By _____
Deputy

City of Highland

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

By ► _____
(Authorized signature - sign in blue ink)

Name Larry McCallon

(Print or type name of person signing contract)

Title Mayor

(Print or Type)

Dated: _____

Address 27215 Base Line

Highland, CA 92346

FOR COUNTY USE ONLY

Approved as to Legal Form
► _____
Adam Ebright, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
► _____
Jennifer Mulhall-Daudel, HS Contracts
Date _____

Reviewed/Approved by Department
► _____
Trudy Raymundo, Director
Date _____