



Contract Number

25-98 A1

SAP Number

Board of Supervisors

| | |
|---|----------------|
| Department Contract Representative | Penelope Chang |
| Telephone Number | 909-387-4886 |
| Contractor | Yan Feng |
| Contractor Representative | |
| Telephone Number | On File |
| Contract Term | |
| Original Contract Amount | |
| Amendment Amount | |
| Total Contract Amount | |
| Cost Center | 1002001000 |

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

San Bernardino County ("County") and Yan Feng ("CONTRACTOR") agree that effective August 9, 2025, Contract No. 25-98 is hereby amended as follows:

1. REPLACE SECTION IV. COMPENSATION OF CONTRACTOR, Subsections J., L., M., N., and O. which are all noted as "RESERVED," with the following:

- J. **SALARY SAVINGS PLAN**
CONTRACTOR shall be eligible to participate in the County's 401(k) and 457(b) Salary Savings Plans as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.
- L. **LIFE INSURANCE**
The County shall pay applicable premiums for a term life insurance and group universal life insurance policy for CONTRACTOR in accordance with the San Bernardino County Exempt Group Working Conditions Ordinance. In addition, CONTRACTOR may voluntarily participate in the supplemental life insurance and accidental death and dismemberment insurance at CONTRACTOR's own expense. Participation in the life insurance benefit plans is pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

- M. DEPENDENT CARE ASSISTANCE PLAN (DCAP) AND FLEXIBLE SPENDING ACCOUNT (FSA) PLAN FOR MEDICAL EXPENSE REIMBURSEMENT
CONTRACTOR shall be eligible to participate in the County's DCAP and FSA Plans and receive any applicable County contributions to the FSA Plan pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.
- N. SHORT-TERM DISABILITY
CONTRACTOR shall be eligible to receive the same Short-Term Disability insurance benefits as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.
- O. LONG-TERM DISABILITY
CONTRACTOR shall be eligible to receive Long-Term Disability insurance benefits as per the Plan documents and pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of this Contract No. 25-98 remain unchanged and are incorporated herein by this reference.

This Amendment No. 1 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 No. 1. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 1 (whether by facsimile, PDF, or other mail 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 No. 1 upon request.

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, 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 San Bernardino County

By _____
Deputy

YAN FENG

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

By ►

(Authorized signature - sign in blue ink)

Name Yan Feng
(Print or type name of person signing contract)

Supervisors Executive Aide II –
Title Second District
(Print or Type)

Dated: _____

Address On File

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Scott Runyan,
Principal Assistant County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Date _____