



**Contract Number**

19-587 A-2

**SAP Number**

4400012557

## Human Services

**Department Contract Representative**  
**Telephone Number**

Julie West  
(909) 387-2462

**Contractor**  
**Contractor Representative**  
**Telephone Number**  
**Contract Term**  
**Original Contract Amount**  
**Amendment Amount**  
**Total Contract Amount**  
**Cost Center**  
**Grant Center (if applicable)**

Interpreters Unlimited Inc.  
Shamus Sayed  
(858) 866-1130  
September 1, 2019 to January 31, 2025  
\$4,500,000 Aggregate  
\$ 250,000 Aggregate  
\$4,750,000 Aggregate  
5015011000  
N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

### **AMENDMENT NO. 2**

It is hereby agreed to amend Contract No. 19-587 as follows:

### **SECTION V. FISCAL PROVISIONS**

**Amend Paragraph A. to read as follows:**

- A. The aggregate amount of payment under this Contract is a combined total for all Translation and Interpretation Contractors identified in the corresponding Board Agenda item and together shall not exceed \$4,750,000 of which \$3,562,500 may be federal/state funded and shall be subject to availability of funds to the County. The consideration to be paid to Contractor on a fee for service basis, per the rates shown on the Fee Schedule (Attachment B) shall be in full payment for all contractor's services and expenses incurred in the performance hereof, including travel and per diem.

**All other terms and conditions of Contracts No. 19-587 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.

**IN WITNESS WHEREOF**, San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

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  
San Bernardino County

By \_\_\_\_\_  
Deputy

INTERPRETERS UNLIMITED INC.

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

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Shamus Sayed  
(Print or type name of person signing contract)

Title Vice President  
(Print or Type)

Dated: \_\_\_\_\_

Address 10650 Trenea Street, Suite 308  
San Diego, CA 92131

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

\_\_\_\_\_  
Daniella Hernandez, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

\_\_\_\_\_  
Patty Steven, Contracts Manager

Date \_\_\_\_\_

Reviewed/Approved by Department

►

\_\_\_\_\_  
Diana Alexander, Assistant Executive Officer for  
Human Services

Date \_\_\_\_\_