

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



Contract Number

16-528 A-3

SAP Number

4400003722

Department of Behavioral Health

Department Contract Representative	<u>Bishoy Bestawros</u>
Telephone Number	<u>(909) 388-0856</u>
Contractor	<u>Greater Hope Foundation for Children, Inc.</u>
Contractor Representative	<u>Helena Lopez</u>
Telephone Number	<u>(760) 261-2677</u>
Contract Term	<u>July 1, 2016 through December 31, 2021</u>
Original Aggregate Contract Amount	<u>\$17,794,525</u>
Amendment Amount	<u>\$1,979,453</u>
Total Aggregate Contract Amount	<u>\$19,773,978</u>
Cost Center	<u>9207081000</u>

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Greater Hope Foundation for Children, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-528** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Foster Family Agency Mental Health Services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2021:

I. AGGREGATE FISCAL PROVISIONS, is hereby amended to read as follows:

AGGREGATE FISCAL PROVISIONS

Term: July 1, 2016 through December 31, 2021, in accordance with Article VI. Funding and Article V Payment.

Aggregate Maximum Obligation:

Fiscal Year 2016-17			\$2,958,905
Fiscal Year 2017-18			\$2,958,905
Fiscal Year 2018-19	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2019-20	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2020-21	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2021-22	Mode 05 \$500,000	Mode 15 \$1,479,453	\$1,979,453

TOTAL AGGREGATE MAXIMUM OBLIGATION:

\$2,958,905 per Fiscal Year for 2016-17 and 2017-18
 \$3,958,905 per Fiscal Year for 2018-19, 2019-20, 2020-21
 \$1,979,453 for the period July 1, 2021 through December 31, 2021

Basis for Reimbursement:

The most recent Cost Report or County Contract Rate (CCR) or Provider Target rate, whichever is lower, shall prevail.

Basis for Final Reimbursement

See Article VII, Paragraph E.

Notices to County and Contractor:

COUNTY: County of San Bernardino
 Department of Behavioral Health
 Fiscal Services
 303 East Vanderbilt Way
 San Bernardino, CA 92415-0026

CONTRACTOR: Greater Hope Foundation for Children, Inc.
 610 E Main St.
 Barstow, CA 92311

III. ARTICLE XIII Duration and Termination paragraph A, is hereby amended to read as follows:

A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

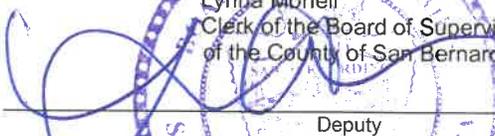
IV. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

COUNTY OF SAN BERNARDINO


Curt Hagman, Chairman, Board of Supervisors

Dated: **MAY 04 2021**
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
Deputy



Greater Hope Foundation for Children, Inc.

(Print or type name of corporation, company, contractor, etc.)
DocuSigned by:
By 
AF69C7A8B90A26 (Printed signature - sign in blue ink)

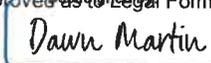
Name Helena Lopez, JD MBA
(Print or type name of person signing contract)

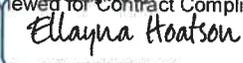
Title President and Chief Executive Officer
(Print or Type)

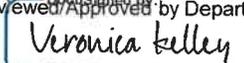
Dated: 4/22/2021

Address 14344 CAJON STE 101
VICTORVILLE CA 92392

FOR COUNTY USE ONLY

Approved by Legal Form

Dawn Martin, Deputy County Counsel
Date 4/22/2021

Reviewed for Contract Compliance
DocuSigned by:

Natalie Kesse, Contracts Manager
Date 4/22/2021

Reviewed/Approved by Department
DocuSigned by:

Veronica Kelley, Director
Date 4/22/2021