

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



**Contract Number**

22-185 A-1

**SAP Number**

## Human Services

<b>Department Contract Representative</b>	<u>Maria Tucci, Contracts Analyst</u>
<b>Telephone Number</b>	<u>(909) 387-2806</u>
<b>Contractor</b>	<u>Valerie Martinez</u>
<b>Contractor Representative</b>	<u></u>
<b>Telephone Number</b>	<u></u>
<b>Contract Term</b>	<u>March 26, 2022 through March 25, 2026</u>
<b>Original Contract Amount</b>	<u>Initial Hourly Rate \$26.02</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>Current Hourly Rate \$32.79</u>
<b>Cost Center</b>	<u>4980002240</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

San Bernardino County (County), In-Home Supportive Services Public Authority (IHSS PA), and Valerie Martinez (Contractor) agree to amend Contract No. 22-185, as follows:

**SECTION III. TERM** is amended to read as follows:

This Contract shall be effective March 26, 2022, and shall remain in effect through March 25, 2026, subject to the termination provisions below. The Executive Director of IHSS PA is authorized to execute amendments to the Contract to extend the term for a maximum of two (2) successive one (1) year periods. Notwithstanding the foregoing, either party may terminate this Contract at any time, without cause, with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County. Contractor shall serve at the pleasure of the appointing authority, who shall have the full authority and discretion to exercise County rights under this paragraph.

**All other terms and conditions of Contracts No. 22-185 remain in full force and effect.**

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 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 No. 1 upon request.

**IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY**

Signed by: Roxanne Young  
Roxanne J. Young, Executive Director of In-Home Supportive Services Public Authority  
Dated: 2/26/2025

**SAN BERNARDINO COUNTY**

Signed by: Roxanne Young  
Roxanne J. Young, Executive Director of In-Home Supportive Services Public Authority  
Dated: 2/26/2025

By Valerie Martinez  
*(Authorized signature - sign in blue ink)*  
Name Valerie Martinez  
*(Print or type name of person signing contract)*  
Title Supervising Office Specialist  
*(Print or Type)*  
Dated: 2/11/2025  
Address On File

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
Signed by: [Signature]  
Scott Runyan, Principal Assistant County Counsel  
Date 2/5/2025

Reviewed for Contract Compliance  
DocuSigned by: Patty Steven  
Patty Steven, Contracts Manager  
Date 2/18/2025

Reviewed/Approved by Department  
Date \_\_\_\_\_



## County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

**Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.**

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

**For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.**

Department/Agency/Entity: In-Home Supportive Services Public Authority (IHSS PA)

Contact Name: Maria Tucci Telephone: (909) 387-2806

Agreement No.: 22-185 Amendment No.: 1 Date of Board Item 3/15/22 Board Item No.: 60

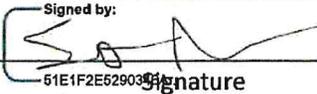
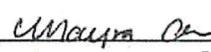
Name of Contract Entity/Project Name: Valerie Martinez

**Explanation of request/Special Instructions:**

IHSS PA and San Bernardino County are requesting to execute Amendment No. 1, exercising the option to extend the contract an additional one year with no change to the annual contract amount (with the exception of increases for cost of living and appropriate step increases). The Executive Director of In-Home Supportive Services' signature is required for the extension of the employment contract with Valerie Martinez, Supervising Office Specialist, through the delegation of authority authorized by the Board on March 15, 2022 (Item No. 60). The estimated annual cost of the contract is \$112,741 (\$70,905 Salary, \$41,836 Benefits) for the period of March 26, 2025 to March 25, 2026

**Insert check mark that the following required documents are attached to this request:**

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

<b>Department Routed to County Counsel</b>	County Counsel Name: Scott Runyan	Date Sent: 1/24/25
<b>Reviewing County Counsel Use Only</b>	Review Date <u>2/5/2025</u> Signed by:  51E1F2E629038 Signature	<b>Determination:</b> ___ Within Scope of Delegated Authority ___ Outside Scope of Delegated Authority
<b>CAO-Special Projects Use Only</b>	Review Date <u>2/21/2025</u>  Signature	<b>Disposition:</b> <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item