



Contract Number
26-67 A1

SAP Number

Department of Behavioral Health

Department Contract Representative	<u>Vanessa Esparza</u>
Telephone Number	<u>(909) 388-0858</u>
Contractor	<u>Vista Behavioral Hospital, LLC dba Pacific Grove Hospital</u>
Contractor Representative	<u>Rachel C. Cox</u>
Telephone Number	<u>(520) 465-4391</u>
Contract Term	<u>July 1, 2025 through June 30, 2030</u>
Original Contract Amount	<u>\$60,869,390 Aggregate</u>
Amendment Amount	<u>\$28,644,555 Aggregate</u>
Total Contract Amount	<u>\$89,513,945 Aggregate</u>
Cost Center	<u>9204261000</u>
Grant Number (if applicable)	<u>N/A</u>

Amendment No. 1

This Amendment is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Vista Behavioral Hospital, LLC dba Pacific Grove Hospital referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

IN THAT CERTAIN **Contract No. 26-67** ("Contract") by and between San Bernardino County, a political subdivision of the State of California, and Contractor, which Contract first became effective July 1, 2025, the following changes are hereby made and agreed to in the Contract, effective upon execution of this Amendment:

I. **REFERENCED CONTRACT PROVISIONS**

The Aggregate Maximum Obligation of the REFERENCED CONTRACT PROVISIONS is amended to read as follows:

Aggregate Maximum Obligation:

TOTAL AGGREGATE MAXIMUM OBLIGATION: \$89,513,945

II. **V. FUNDING AND BUDGETARY RESTRICTIONS**

Paragraph E of Section V of the Contract is amended to read as follows:

E. The maximum aggregate financial obligation under this contract shall not exceed \$89,513,945 for the contract term.

All other terms and conditions of Contract No. 26-67 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.

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

Vista Behavioral Hospital, LLC dba Pacific
Grove Hospital

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

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

Name Stefanie Magalong
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: _____

Address 5900 Brockton Ave.
Riverside, CA 92506

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____

Date _____

Reviewed for Contract Compliance

► _____
Michael Shin, Administrative Manager

Date _____

Reviewed/Approved by Department

► _____
Joshua Dugas, Acting Director

Date _____