



**Contract Number**

16-422 A-2

**SAP Number**

4400007341

## Probation Department

<b>Department Contract Representative</b>	John Greswit
<b>Telephone Number</b>	(909) 388-0255
<b>Contractor</b>	Professional Tutors of America, Inc.
<b>Contractor Representative</b>	Robert Harraka
<b>Telephone Number</b>	(714) 671-0181
<b>Contract Term</b>	07/01/16 through 06/30/21
<b>Original Contract Amount</b>	\$800,000 Aggregate
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	\$800,000 Aggregate
<b>Cost Center</b>	4821001000

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 2**

It is hereby agreed to amend contract No. 16-422, effective July 1, 2020, as follows:

**VIII. TERM**

Section VIII is amended to read as follows:

This Contract is effective as of July 1, 2016, and is extended from its amended expiration date of June 30, 2020, to expire on June 30, 2021, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

**XII. ELECTRONIC SIGNATURE**

Section XII is hereby added as follows:

This Contract 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 Contract. The Contractor and County shall be entitled to sign and transmit an electronic signature of this Contract (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 Contract upon request.

**All other terms and conditions of Contract No. 16-422 remain in full force and effect.**

COUNTY OF SAN BERNARDINO

►  
\_\_\_\_\_  
Curt Hagman, Chairman, 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 the County of San Bernardino

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

Professional Tutors of America, Inc.  
*(Print or type name of corporation, company, contractor, etc.)*

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

Name Robert Harraka  
*(Print or type name of person signing contract)*

Title Director  
*(Print or Type)*

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

Address 3350 E. Birch Street, Suite 108  
Brea, CA 92821

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►  
\_\_\_\_\_  
Jamie Ryan, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►  
\_\_\_\_\_  
Jennifer Mulhall-Daudel, Contract Compliance

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
\_\_\_\_\_  
Michelle Scray Brown, Chief Probation Officer

Date \_\_\_\_\_