



**Contract Number**

**21-188 A-4**

**SAP Number**

**4400016292**

## Department of Behavioral Health

<b>Department Contract Representative Telephone Number</b>	Jesus Maciel <u>(909) 388-0887</u>
<b>Contractor</b>	Veteran's Alcohol Rehabilitation Program, Inc.
<b>Contractor Representative Telephone Number</b>	Shelly Mattazaro <u>(909) 381-3774</u>
<b>Contract Term</b>	<u>April 1, 2021 through June 30, 2027</u>
<b>Original Contract Amount</b>	<u>\$ 760,025</u>
<b>Amendment Amount</b>	<u>\$2,918,644</u>
<b>Total Contract Amount</b>	<u>\$3,678,669</u>
<b>Cost Center</b>	<u></u>
<b>Grant Number (If applicable)</b>	<u></u>

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Veteran's Alcohol Rehabilitation Program, Inc., referenced above, hereinafter called Contractor.

### IT IS HEREBY AGREED AS FOLLOWS:

#### WITNESSETH:

IN THAT CERTAIN **Contract No. 21-188** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Substance Use Disorder and Recovery Services Recovery Residences, which Contract first became effective April 1, 2021, the following changes are hereby made and agreed to:

- I. ARTICLE IV FUNDING, paragraph I and J are hereby amended to read as follows:
  - I. The contract amendment amount of \$2,918,644 shall increase the total contract amount from \$760,025 to \$3,678,669 for the contract term.

J. The Schedules A and B for FY 2024-2025, 2025-26 and 2026-27 will be submitted to, and approved by, the Director or designee at a later date. All previously approved Budget Schedules remain in effect.

II. ARTICLE XV. DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:

A. The term of this Agreement shall be from April 1, 2021, through June 30, 2027, inclusive.

III. 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.

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  
of San Bernardino County

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

Veteran's Alcohol Rehabilitation Program, Inc.

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

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

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

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

Address 907 Rialto Ave.  
San Bernardino, CA. 92410  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►  
\_\_\_\_\_  
Dawn Martin, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►  
\_\_\_\_\_  
Ellayna Hoatson, Contracts Supervisor

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
\_\_\_\_\_  
Georgina Yoshioka, Director

Date \_\_\_\_\_