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

SAN BERNARDINO COUNTY

Contract Number

21-629 A-2

SAP Number

Department of Public Health

Department Contract Representative	Shanice Johnson
Telephone Number	(909) 383-3096
Contractor	California Health Collaborative
Contractor Representative	Brandi Muro
Telephone Number	(559) 244-4512
Contract Term	8/24/2021 through 8/23/2024
Original Contract Amount	$897,686
Amendment Amount	$448,843
Total Contract Amount	$1,346,529
Cost Center	9300321000

IT IS HEREBY AGREED AS FOLLOWS*:*

Amendment NO. 2

It is hereby agreed to amend Contract No. 21-629, effective August 24, 2023, as follows:

Section V. Fiscal Provisions, Paragraph A is amended to read as follows:

A. The maximum amount of reimbursement under this Contract shall not exceed $1,346,529, which may consist of state and/or federal funds and shall be subject to availability of said funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Section VIII. Term is amended to read as follows:

This Contract is effective as of August 24, 2021, and is extended from its original expiration date of August 23, 2023, to expire on August 23, 2024, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for two (2) additional one-year periods by mutual agreement of the parties.

Attachment E is amended as attached.

All other terms and conditions of Contract remain in full force and effect.

This Agreement may be executed in any number of counter parts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall

be entitled to sign and transmit an electronic signature of the Contract (whether by facsimile, PDF, or other email transmission), which signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

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

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

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

Name Stephen Ramirez
(*Print or type name of person signing contract)*

Title Chief Executive Officer
(Print or Type)

Dated: _____

Address 1680 W. Shaw Ave

Fresno, CA 93711

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, County Counsel		Joshua Dugas, Director
Date	Date	Date