



Contract Number

23-39 A2

SAP Number

Board of Supervisors

Department Contract Representative	Penelope Chang
Telephone Number	909-387-4886
Contractor	Michael Stoffel (hereinafter called "Contractor")
Contractor Representative	
Telephone Number	On File
Contract Term	
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	1002001000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

San Bernardino County ("County") and Michael Stoffel ("CONTRACTOR") agree that effective August 23, 2025, Contract No. 23-39 is hereby amended as follows:

REPLACE SECTION I. DUTIES AND RESPONSIBILITIES OF CONTRACTOR with the following:

I. DUTIES AND RESPONSIBILITIES OF CONTRACTOR

CONTRACTOR shall be employed as a Chief of Staff for the Second District Supervisor of San Bernardino County. CONTRACTOR shall have the following duties:

- A. Principal assistant and advisor to the Supervisor on legislative, policy, and regional district issues;
- B. Provides overall direction and coordination of district staff;
- C. Such other duties as may be assigned by the Second District Supervisor.

All other terms and conditions of this Contract No. 23-39 and all amendments remain unchanged and are incorporated herein by this reference.

This Amendment No. 2 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. 2. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 2 (whether by facsimile, PDF, or other mail 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. 2 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

MICHAEL STOFFEL

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

By 

(Authorized signature - sign in blue ink)

Name **Michael Stoffel**

(Print or type name of person signing contract)

Title **Chief of Staff – Second District**


(Print or Type)

Dated: _____

Address **On File**

FOR COUNTY USE ONLY


Approved as to Legal Form



Scott Runyan,
Principal Assistant County Counsel

Date _____

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



Date _____