



Contract Number

22-1111 A-3

SAP Number

4400021406

Human Services

Department Contract Representative	Julie West
Telephone Number	(909) 387-2462
Contractor	Inland Southern California 211+
Contractor Representative	Kimberly Starrs
Telephone Number	(760) 880-7692
Contract Term	July 1, 2022 through June 30, 2026
Original Contract Amount	\$2,367,970
Amendment Amount	N/A
Total Contract Amount	\$2,367,970
Cost Center	
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3:

It is hereby agreed to amend Contract No. 22-1111, effective immediately upon execution, as follows:

SECTION F. FISCAL PROVISIONS

Amend Section F, Paragraph 2.d to read as follows:

- d. For **Probation**/Community Corrections Partnership Reentry Specialists (Section B.2.c), Contractor shall be paid up to \$150,000 annually, per Fiscal Year one (1) through four (4), as follows:

Item	Calculation/Description	Amount
Two (2) full-time 2-1-1 Reentry Specialists	2,080 hours per Reentry Specialist	\$122,917
Technology Costs	Email, internet, telephones, software, hardware	\$5,015

Item	Calculation/Description	Amount
Travel for Meetings	Estimated 8,300 x \$.056/mile	\$4,648
Project Management	QA, 5% Operations Manager, 10% Operations Supervisor	\$6,500
Overhead	Human Resources, Accounting, rent, utilities, etc.	\$10,920
Total		\$150,000

Contractor shall submit monthly invoices to DPH no later than twenty (20) days following the month in which services were provided to the following email address:

San Bernardino County
Department of Public Health
Patty Castillo Office Assistant III
pcastillo@dph.sbcounty.gov

All other terms and conditions of Contract No. 22-1111 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

Inland Southern California 211+
(Print or type name of corporation, company, contractor, etc.)

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

Name Kimberly Starrs
(Print or type name of person signing contract)

Title President and CEO
(Print or Type)

Dated: _____

Address 1511 S. Vineyard

Ontario, CA 91761

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Daniella V. Hernandez, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____
Patty Steven, Contracts Manager

Date _____

Reviewed/Approved by Department

► _____
Gilbert Ramos, Assistant Executive Officer

Date _____