



Contract Number  
22-1256 A-1

SAP Number

## Department of Children and Family Services

<b>Department Contract Representative Telephone Number</b>	<u>Nancy Basta</u> <u>909-388-0252</u>
<b>Contractor</b>	<u>Loma Linda University Children's Hospital dba Resiliency Institute for Childhood Adversity (hereinafter "RICA")</u>
<b>Contractor Representative Telephone Number</b>	<u>Amy Young, M.D.</u> <u>909-558-6715</u>
<b>Contract Term</b>	<u>January 1, 2023 through December 31, 2027</u>
<b>Original Contract Amount</b>	<u>N/A</u>
<b>Amendment Amount</b>	<u>N/A</u>
<b>Total Contract Amount</b>	<u>N/A</u>
<b>Cost Center</b>	<u>N/A</u>
<b>Grant Number (if applicable)</b>	<u>N/A</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 22-1256, as follows:

**SECTION III. CONTRACTOR SERVICE AND RESPONSIBILITIES**

Add Paragraph K to read as follows:

- K. Provide forensic interviews and exams for children and youth being served under this MOU.

**All other terms and conditions of Contracts No. 22- 1256 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

Loma Linda University Children's Hospital dba  
Resiliency Institute for Childhood Adversity  
*(Print or type name of corporation, company, contractor, etc.)*

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

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

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Name Peter Baker  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

Title Senior Vice President  
*(Print or Type)*

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

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

Address 11234 Anderson St. Suite CH1816  
Loma Linda, CA 92354

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Daniella Hernandez, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Lisa Rivas-Ordaz, Contracts Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Jeany Glasgow, Director  
Date \_\_\_\_\_