



Contract Number

22-221 A-2

SAP Number

4400019682

Department of Aging and Adult Services

Department Contract Representative	Angie Gallegos, Contracts Analyst
Telephone Number	(909) 386-8395
Contractor	WISE and Healthy Aging
Contractor Representative	Molly Davies
Telephone Number	(310) 394-9871
Contract Term	April 1, 2022, through June 30, 2026
Original Contract Amount	Not to Exceed \$2,000,000
Amendment Amount	\$700,000
Total Contract Amount	Not to Exceed \$2,700,000
Cost Center	5293001036, 5366001036

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 22-221, as follows:

SECTION V. FISCAL PROVISIONS

Amend Section A. to read as follows:

- A. The maximum amount payment under this Contract shall not exceed \$2,700,000, of which \$1,350,000 may be federally funded, and \$1,350,000 may be state funded and shall be subject to availability of 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

Amend Section VIII. TERM to read as follows:

This Contract is effective as of April 1, 2022, and is extended from its amended expiration date of June 30, 2025, to expire on June 30, 2026, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one (1) year period by mutual agreement of the parties.

All other terms and conditions of Contracts No. 22-221 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 Contract. 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.

IN WITNESS WHEREOF, 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

WISE and Healthy Aging

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

►

Dawn Rowe, Chair, Board of Supervisors

By ►

(Authorized signature - sign in blue ink)

Dated: _____

Name Molly Davies

(Print or type name of person signing contract)

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

Title President and CEO

(Print or Type)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____

Deputy

Dated: _____

Address 1527 4th Street, Second Floor

Santa Monica, CA 90401

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Jacqueline Carey-Wilson, Deputy County Counsel

►

Patty Steven, Contracts Manager

►

Jamiko Bell, Interim Assistant Director

Date _____

Date _____

Date _____