

## **Contract Number**

**SAP Number** 4400023845

Vanessa Esparza, Contract Analyst

# Department of Aging and Adult Services – Public Guardian

Telephone Number

(909) 388-0252

Contractor
Contractor Representative
Telephone Number
Contract Term

January 1, 2024 through
September 30, 2026

Original Contract Amount
\$266.784

 Original Contract Amount
 \$266,784

 Amendment Amount
 \$132,236

 Total Contract Amount
 \$399,020

 Cost Center
 5298701036

 Grant Number (if applicable)
 N/A

## IT IS HEREBY AGREED AS FOLLOWS:

#### **AMENDMENT NO. 2**

It is hereby agreed to amend Contract No. 4400023845, as follows:

**Department Contract Representative** 

## **SECTION D. TERM OF CONTRACT**

Amend Paragraph 1 to read as follows:

1. This Contract is effective as of January 1, 2024, and is extended from the previous expiration date of September 30, 2025 to expire on September 30, 2026 but may be terminated earlier in accordance with provisions of this Contract.

## **SECTION F. FISCAL PROVISIONS**

Amend Paragraph 1 to read as follows:

1. The maximum amount of reimbursement under this Contract shall not exceed \$399,020 of which \$173,408 may be federally funded and shall be subject to availability of other 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.

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## All other terms and conditions of Contract No. 4400023845 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.

SAN BERNARDINO COUNTY		Rolling Start, Inc.  (Print or type name of corporation, company, contractor, etc.)	
Dawn Rowe, Chair, Board of Supervisors			Authorized signature - sign in blue ink)
Dated:		Name Lisa	a Hayes
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE		(	Print or type name of person signing contract)
CHAIRMAN OF THE BOARD		Title Executive Director	
Lynna Monell Clerk of the Board of Supervisors San Bernardino County			(Print or Type)
By		Dated:	
		Address 1	955 Hunts Lane, Suite 101
		San Bernardino, CA 92408	
FOR COUNTY USE ONLY	_		
Approved as to Legal Form	Reviewed for Contract Compliance		Reviewed/Approved by Department
<u>•</u>	<u> </u>		<u> </u>
Jacqueline Carey-Wilson, County Counsel	Patty Steven, Contracts Manager		Sharon Nevins, Director
Date	Date		Date

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