



**Contract Number**

20-1103 – A2

**SAP Number**

4400015854

**Purchasing Department**

**Department Contract Representative**  
**Telephone Number**

Jessica Barajas  
909-387-2065

**Contractor**  
**Contractor Representative**  
**Telephone Number**  
**Contract Term**

Convergint Technologies, LLC  
Fabian Escalante  
949-940-6428  
November 17, 2020 – November  
16, 2025

**Original Contract Amount**  
**Amendment Amount**  
**Total Contract Amount**  
**Cost Center**

**IT IS HEREBY AGREED AS FOLLOWS:**

Amendment No. 2

This Amendment No. 2 (Amendment) dated June 11, 2024, is made by and between Convergint Technologies, LLC, and San Bernardino County (County) and modifies the terms to Convergint Technologies, LLC Agreement executed between the parties as of November 17, 2020 (Contract).

1. Delete the following from Exhibit B Pricing, in its entirety, and replace with the following for the remainder of the contract term:
2. All other terms and conditions of this Contract shall remain the same.

## Exhibit B – Pricing

LABOR RATES WITH PREVAILING WAGES - <u>REGULAR</u> HOURS DEFINED AS MONDAY THROUGH FRIDAY 8 AM-5 PM			
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	PRICE
1	GENERAL/ADMINISTRATIVE RATE	HOURLY	\$ 106.00
2	INSTALLATION RATE	HOURLY	\$ 160.00
3	MAINTENANCE/REPAIR RATE	HOURLY	\$ 165.00
4	TRAINING RATE	HOURLY	\$ 168.00
5	OTHER, IF APPLICABLE	HOURLY	\$ 170.00
6	OTHER, IF APPLICABLE	HOURLY	\$ 170.00
LABOR RATES WITH PREVAILING WAGES – AFTER HOURS DEFINED AS ANY TIME <u>NOT</u> MONDAY THROUGH FRIDAY 8 AM-5 PM			
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	PRICE
1	GENERAL/ADMINISTRATIVE RATE	HOURLY	N/A
2	INSTALLATION RATE	HOURLY	\$ 235.00
3	MAINTENANCE/REPAIR RATE	HOURLY	\$ 242.50
4	TRAINING RATE	HOURLY	\$ 247.00
5	OTHER, IF APPLICABLE	HOURLY	\$ 240.00
6	OTHER, IF APPLICABLE	HOURLY	N/A

**IN WITNESS WHEREOF**, the 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

►

\_\_\_\_\_  
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

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

By ►

\_\_\_\_\_  
(Authorized signature - sign in blue ink)

Bob Berkery

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title General Manager  
\_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_  
20 Centerpointe, Ste. 120

Address \_\_\_\_\_  
La Palma, CA 90623  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

\_\_\_\_\_  
, County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Date \_\_\_\_\_

Reviewed/Approved by Department

►

Date \_\_\_\_\_