



**Contract Number**

16-407 A-3

**SAP Number**

4400009490

## Department of Behavioral Health

<b>Department Contract Representative</b>	Sandra Becerra
<b>Telephone Number</b>	(909) 388-0856
<b>Contractor</b>	Uplift Family Services
<b>Contractor Representative</b>	Maria Murillo
<b>Telephone Number</b>	(909) 266-2713
<b>Contract Term</b>	July 1, 2016 – June 30, 2021
<b>Original Contract Amount</b>	\$19,050,000
<b>Amendment Amount</b>	\$5,550,000
<b>Total Contract Amount</b>	\$24,600,000
<b>Cost Center</b>	9206352200 and 9206362200

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Uplift Family Services referenced above, hereinafter called Contractor.

### IT IS HEREBY AGREED AS FOLLOWS:

### WITNESSETH:

IN THAT CERTAIN Contract No. 16-407 by and between the County, political subdivision of State of California, and the Contractor for wraparound mental health services, which first became effective July 1, 2016, the contract is hereby amended as follows, effective July 1, 2020:

- I. Article IV Funding and Budgetary Restrictions, Paragraph K is hereby amended to read as follows:
- K. The maximum financial obligation under this contract shall not exceed \$4,500,000 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$5,550,000 for fiscal years 2019-20 and 2020-21. This amendment shall increase the total contract from \$19,050,000 to \$24,600,000. All previously approved Budget Schedules remain in effect. The Revised Comprehensive Children and Family Support Services (CCFSS) Schedules A and B for fiscal year 2020-21 will be submitted to, and approved by, the Director or designee at a later date.
- II. Article XIII. Duration and Termination, Paragraph A is hereby amended to read as follows:
- A. The term of this Agreement shall be from July 1, 2016 through June 30, 2021 inclusive.
- III. All other terms, conditions, and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

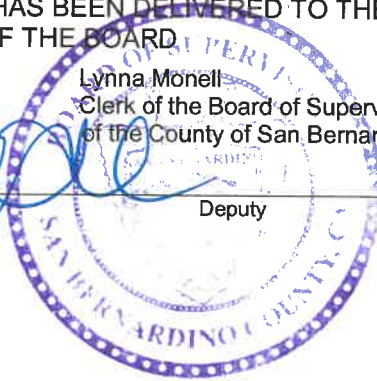
►   
Curt Hagman, Chairman, Board of Supervisors

Dated: NOV 05 2019

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  
of the County of San Bernardino

By   
Deputy



Uplift Family Services

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

By   
(Authorized signature - sign in blue ink)

Name Kathy McCarthy  
(Print or type name of person signing contract)

Title Chief operating officer  
(Print or Type)

Dated: 10/9/19

Address 251 Llewellyn avenue  
Campbell CA 95008


FOR COUNTY USE ONLY

Approved as to Legal Form

►   
Dawn Martin, Deputy County Counsel

Date 10/21/19

Reviewed for Contract Compliance

►   
Natalie Kessie, Contracts Manager

Date 10/21/19

Reviewed/Approved by Department

►   
Veronica Kelley, Director

Date 10/22/19