

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

20-1085 A-2

SAP Number

Human Services

Department Contract Representative	<u>Maria Tucci, Contracts Analyst</u>
Telephone Number	<u>(909) 387-2806</u>
Contractor	<u>Erika Willhite</u>
Contractor Representative	
Telephone Number	<u>(909) 526-6248</u>
Contract Term	<u>December 5, 2020 through</u> <u>December 4, 2025</u>
Original Contract Amount	<u>Initial Hourly Rate \$34.98</u>
Amendment Amount	
Total Contract Amount	<u>Current Hourly Rate \$44.99</u>
Cost Center	<u>9033009900</u>
Grant Number (if applicable)	

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 20-1085, as follows:

SECTION III. TERM is amended to read as follows:

This Contract shall be effective December 5, 2020, and is extended from its expiration date of December 4, 2024, to expire on December 4, 2025, subject to the termination provisions below. The Assistant Executive Officer – Human Services is authorized to execute amendments to the Contract to extend the term of the Contract for a maximum of one (1) successive one (1) year periods. Notwithstanding the foregoing, either party may terminate this Contract at any time, without cause, with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County. Contractor shall serve at the pleasure of the appointing authority, who shall have the full authority and discretion to exercise County rights under this paragraph.

All other terms and conditions of Contracts No. 20-1085 remain in full force and effect.

This Amendment No. 2 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 No. 2. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 2 (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 No. 2 upon request.

SAN BERNARDINO COUNTY

► *Diana Alexander*
Diana Alexander, Assistant Executive Officer-Human Services

Dated: 11/12/24

By ► *Erika Willhite*
(Authorized signatory...sign in blue ink)

Name Erika Willhite
(Print or type name of person signing contract)

Title Staff Analyst II
(Print or Type)

Dated: 10/9/2024

Address 735 E. Carnegie Drive, Suite 150
San Bernardino, CA 92415

FOR COUNTY USE ONLY

Approved as to Legal Form
Signed by:
► *[Signature]*
Scott Runyan, Principal Assistant County Counsel
Date 10/15/2024

Reviewed for Contract Compliance
Docusigned by:
► *Patty Steven*
Patty Steven, Contracts Manager
Date 10/23/2024

Reviewed/Approved by Department
Docusigned by:
► *Karen Scott*
Karen Scott, Executive Director
Date 10/22/2024



County of San Bernardino

DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Human Services Administration

Contact Name: Maria Tucci Telephone: (909) 387-2806

Agreement No.: 20-1085 Amendment No.: 2 Date of Board Item 11/17/20 Board Item No.: 46

Name of Contract Entity/Project Name: Employment Contract Amendment for Human Services Administration

Explanation of request/Special Instructions:

Human Services Administration is requesting to execute Amendment No. 2, effective December 5, 2024, exercising the option to extend the contract an additional one (1) year with no change to the annual contract amount (with the exception of increases for cost of living and appropriate step increases). The Assistant Executive Officer's signature is required for extension of employment contract No. 20-1085 with Erika Willhite, Staff Analyst II, through delegation of authority authorized by the Board on November 17, 2020 (Item No. 46). The estimated annual cost of the contract is \$131,011 (\$93,579 Salary, \$37,432 Benefits) for the period of December 5, 2024 through December 4, 2025.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Richard Luczak	Date Sent: 9/9/24
Reviewing County Counsel Use Only	Review Date <u>9/9/2024</u> DocuSigned by: <u>Richard Luczak</u> AF4E689BCB54 Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>11/11/24</u> <u>H. McClellan</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair ____ CEO <input checked="" type="checkbox"/> <u>AEO</u> Department ____ Return to Department for preparation of agenda item