



Contract Number

22-221 A-3

SAP Number

4400019682

Department of Aging and Adult Services - Public Guardian

Department Contract Representative	<u>Jammie Maalouf, Contracts Analyst</u>
Telephone Number	<u>(909) 386-8395</u>
Contractor	<u>WISE and Healthy Aging</u>
Contractor Representative	<u>Molly Davies</u>
Telephone Number	<u>(310) 394-9871</u>
Contract Term	<u>April 1, 2022, through June 30, 2026</u>
Original Contract Amount	<u>\$2,700,000</u>
Amendment Amount	<u>\$ 472,849</u>
Total Contract Amount	<u>\$3,172,849</u>
Cost Center	<u>5293001036, 5366001036</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

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

SECTION V. FISCAL PROVISIONS

Amend Paragraph A. to read as follows:

- A. The maximum amount payable under this Contract is a combined total for all Ombudsman Services and together, will not exceed a total of \$3,172,849, which shall be funded with 19% Federal funds (\$609,555) and 80% State funds (\$2,563,294), and all payments are expressly contingent upon the availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

All other terms and conditions of Contract 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: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name Molly Davies
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title President and CEO
(Print or Type)

By _____
Deputy

Dated: _____

Address 1527 4th Street, Second Floor

Santa Monica, CA 90401

FOR COUNTY USE ONLY

Approved as to Legal Form
►

Jacqueline Carey-Wilson, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►

Lisa Rivas-Ordaz, Contracts Manager
Date _____

Reviewed/Approved by Department
►

Sharon Nevins, Director
Date _____