



Contract Number

21-990 A-2

SAP Number

4400018182

Children and Family Services

Department Contract Representative	Clinton Blankenship
Telephone Number	(909) 386-8304
Contractor	Pacific Clinics
Contractor Representative	Kim M. Wells
Telephone Number	(909) 266-2700
Contract Term	January 1, 2022 through December 31, 2026
Original Contract Amount	\$44,514,800
Amendment Amount	(\$11,000,000)
Total Contract Amount	\$33,514,800
Cost Center	501703100
Grant Number (if applicable)	

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 21-990, as follows:

SECTION V. FISCAL PROVISIONS

Amend Paragraph A to read as follows:

- A. The maximum amount payment under this Contract shall not exceed \$33,514,800, and shall be subject to availability of 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.

All other terms and conditions of Contract No. 21-990 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 Amendment. 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

►

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

Pacific Clinics

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

By ► _____
(Authorized signature - sign in blue ink)

Name Kim M. Wells
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Daniella V. Hernandez, County Counsel
Date _____

Reviewed for Contract Compliance
►
Lisa Rivas-Ordaz, HS Contracts Manager
Date _____

Reviewed/Approved by Department
►
Jeany Glasgow, Director
Date _____