

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



Contract Number

18-387 A-5

SAP Number

4400008801

Department of Behavioral Health

Department Contract Representative	Tamela Hutchinson
Telephone Number	909-388-0861
Contractor	West End Family Counseling
Contractor Representative	Laura Tapia
Telephone Number	909-983-2020
Contract Term	July 1, 2018 through March 31, 2025
Original Contract Amount	\$14,899,203
Amendment Amount	\$861,004
Total Contract Amount	\$15,760,207
Cost Center	SAP 9203242200; SATS 9207091000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 18-387 by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Comprehensive Treatment Services: Student Assistance Program (SAP) and School-Aged Treatment Services (SATS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. ARTICLE IV FUNDING and BUDGETARY RESTRICTIONS, paragraph K is hereby amended to read as follows:

K. The contract amendment amount of \$861,004 shall increase the total contract amount from \$14,899,203 to \$15,760,207 for the contract term.

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, 2018 through March 31, 2025 inclusive.

- III. All other terms, conditions and covenants in the basic agreement remain in full force and effect.
- IV. This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

SAN BERNARDINO COUNTY

Dawn Rowe

Dawn Rowe, Chair, Board of Supervisors

Dated: **DEC 17 2024**

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 *[Signature]* Deputy



West End Family Counseling Services

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

By

Laura Tapia

(Authorized signature - sign in blue ink)

Name

Laura Tapia

(Print or type name of person signing contract)

Title

Chief Executive Officer-Executive Director

(Print or Type)

Dated:

12/11/2024

Address

**855 N. Euclid Ave.
Ontario, Ca 91761**

FOR COUNTY USE ONLY

Approved by Legal Form

Dawn Martin

Dawn Martin, Deputy County Counsel

Date

12/11/2024

Reviewed by Contract Compliance

Lisa Rivas-Ordaz for Ellayna Hoatson

Ellayna Hoatson, Contracts Supervisor

Date

12/11/2024

Reviewed/Approved by Department

Georgina Yoshioka

Georgina Yoshioka, Director

Date

12/11/2024

Lisa Rivas-Ordaz for Ellayna Hoatson