

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



Contract Number
24-448 A-1

SAP Number

Department of Aging and Adult Services

Department Contract Representative Telephone Number	<u>Maria Tucci, Contracts Analyst</u> <u>(909) 387-2806</u>
Contractor	<u>Jennifer Pohlman</u>
Contractor Representative Telephone Number	<u></u>
Contract Term	<u>June 15, 2024 through June 13, 2026</u>
Original Contract Amount	<u>Initial Hourly Rate \$54.83</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>Current Hourly Rate \$57.03</u>
Cost Center	<u>30000041</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

San Bernardino County (County) and Jennifer Pohlman (Contractor) agree to amend Contract No. 24-448, as follows:

Section III., TERM, is DELETED, and replaced with a revised Section III., TERM, which shall read as follows:

SECTION III. TERM

This Contract shall be effective June 15, 2024, and shall remain in effect through June 13, 2026, subject to the termination provisions below. The Assistant Executive Officer of Human Services is authorized to execute amendments to the Contract to extend the term of this Contract for a maximum of one (1) successive one (1) year period. 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.

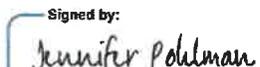
All other terms and conditions of Contracts No. 24-448 remain in full force and effect.

This Amendment No. 1 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 No. 1 (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. 1 upon request.

SAN BERNARDINO COUNTY

▶ 
Gilbert Ramos, Assistant Executive Officer

Dated: 5/7/25

Signed by:
▶ 
(Authorized signature - sign in blue ink)

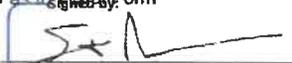
Name Jennifer Pohlman
(Print or type name of person signing contract)

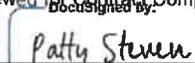
Title Grant Administrator
(Print or Type)

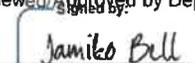
Dated: 5/5/2025

Address On File

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ 
Scott Runyan, Principal Assistant County Counsel
Date 5/1/2025

Reviewed for Contract Compliance
Docusigned by:
▶ 
Patty Steven, Contracts Manager
Date 5/5/2025

Reviewed/Approved by Department
Signed by:
▶ 
Dr. Jamiko Bell, Interim Assistant Director
Date 5/5/2025



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: Department of Aging and Adult Services (DAAS)

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

Agreement No.: 24-448 Amendment No.: 1 Date of Board Item 6/11/24 Board Item No.: 11

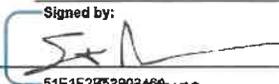
Name of Contract Entity/Project Name: Jennifer Pohlman

Explanation of request/Special Instructions:

DAAS is requesting to execute Amendment No. 1, exercising the option to extend the contract an additional one 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 of Human Services' signature is required for the extension of the employment contract with Jennifer Pohlman, Grant Administrator, through the delegation of authority authorized by the Board on June 11, 2024 (Item No. 11). The estimated annual cost of the contract is \$182,657 (\$120,186 Salary, \$62,471 Benefits) for the period of June 14, 2025 through June 13, 2026.

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 Council Name: Scott Runyan	Date Sent: 4/29/25
Reviewing County Counsel Use Only	Review Date <u>5/1/2025</u> Signed by:  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>5/5/25</u>  Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item