



Contract Number

23-600 A-1

SAP Number

Department of Behavioral Health

Department Contract Representative Diana Barajas
Telephone Number (909) 388-0862

Contractor Pacific Clinics
Contractor Representative Maria Murillo
Telephone Number (909) 266-2713
Contract Term July 1, 2023 through June 30, 2028
Original Contract Amount \$12,511,811
Amendment Amount \$ 968,000
Total Contract Amount \$13,479,811
Cost Center 9206382200
Grant Number (if applicable) N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

WITNESSETH:

IN THAT CERTAIN **Contract No. 23-600** by and between San Bernardino County, a political subdivision of the State of California, and Pacific Clinics (Contractor) , which Contract first became effective July 1, 2023, the following changes are hereby made and agreed to:

- I. ARTICLE V FUNDING AND BUDGETARY RESTRICTIONSs, paragraph H is hereby amended to read as follows:
- H. The maximum financial obligation under this contract shall not exceed \$13,479,811 for the contract term and it is funded 100% by Behavioral Health Services Act.

II. All other terms, conditions and covenants in the basic agreement 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 _____
Chief Legal Officer
(Print or Type)

Dated: _____

Address _____
572 N. Arrowhead Avenue, Suite 100
San Bernardino, CA 92401

FOR COUNTY USE ONLY

Approved as to Legal Form
►

Dawn Martin, County Counsel
Date _____

Reviewed for Contract Compliance
►

Michael Shin, Administrative Manager
Date _____

Reviewed/Approved by Department
►

Joshua Dugas, Acting Director
Date _____