

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


**Contract Number**  
 21-729 A-1

**SAP Number**  
 \_\_\_\_\_

## Human Services

<b>Department Contract Representative</b>	<u>Maria Tucci, Contracts Analyst</u>
<b>Telephone Number</b>	<u>(909) 387-2806</u>
<b>Contractor</b>	<u>Willmar Gultom</u>
<b>Contractor Representative</b>	_____
<b>Telephone Number</b>	_____
<b>Contract Term</b>	<u>October 9, 2021 to October 8, 2025</u>
<b>Original Contract Amount</b>	<u>Initial Hourly Rate \$33.16</u>
<b>Amendment Amount</b>	_____
<b>Total Contract Amount</b>	<u>Current Hourly Rate \$38.82</u>
<b>Cost Center</b>	<u>9031009900</u>
<b>Grant Number (if applicable)</b>	_____

### IT IS HEREBY AGREED AS FOLLOWS:

#### AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 21-729, as follows:

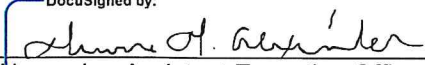
**SECTION III. TERM** is amended to read as follows:

This Contract shall be effective October 9, 2021, and is extended from its expiration date of October 8, 2024 to expire on October 8, 2025, subject to the termination provisions below. The Assistant Executive Officer-Human Services is authorized to execute amendments to the Contract to extend the term of this Contract for maximum of two (2) successive one (1) year periods. 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. 21-729 remain in full force and effect.**

This Contract 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 Contract (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 Contract upon request.

**SAN BERNARDINO COUNTY**

DocuSigned by:  
  
 Diana Alexander, Assistant Executive Officer-Human Services

Dated: 9/9/2024  
 SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

**Children and Families Commission**

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

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

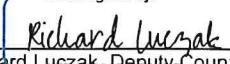
Name Willmar Gultom  
 (Print or type name of person signing contract)

Title Accountant II  
 (Print or Type)

Dated: 8/13/2024

Address 735 E. Carnegie Drive, Suite 150  
 San Bernardino, CA 92415

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
 DocuSigned by:  
  
 Richard Luczak, Deputy County Counsel  
 Date 8/15/2024

Reviewed for Contract Compliance  
 DocuSigned by:  
  
 Patty Steven, Contracts Manager  
 Date 8/23/2024

Reviewed/Approved by Department  
 DocuSigned by:  
  
 Karen Scott, Executive Director  
 Date 8/23/2024



## 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: Human Services Administration

Contact Name: Maria Tucci

Telephone: 909-387-2806

Agreement No.: 21-729 Amendment No.: 1 Date of Board Item 10/5/21 Board Item No.: 32

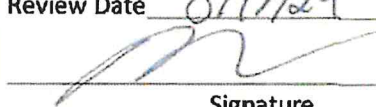

Name of Contract Entity/Project Name: Employment Contract Amendment for Human Services Administration

**Explanation of request/Special Instructions:**

Human Services Administration is requesting to execute Amendment No. 1, effective October 9, 2024, exercising the option to extend the contract and additional one (1) 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 signature is required for extension of employment contract with Willmar Gultom, Accountant II, through delegation of authority by the Board on October 5, 2021 (Item No. 32). The estimated annual cost of the contract is \$113,044 (\$80,746 Salary, \$32,298 Benefits).

**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 Counsel Name: Richard Luczak	Date Sent: 8/13/24
Reviewing County Counsel Use Only	Review Date <u>8/17/24</u>  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>9/4/24</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