



Contract Number

24-617 A-1

SAP Number

4100360150

Department of Public Health

Department Contract Representative	Rebecca Saucedo
Telephone Number	(909) 725-5426
Contractor	M3 Group Inc. (DBA Mission Mobile Medical)
Contractor Representative	Monica Grashuis
Telephone Number	(775) 741-8777
Contract Term	Upon Execution
Original Contract Amount	\$1,299,000
Amendment Amount	\$60,000
Total Contract Amount	\$1,359,000
Cost Center	9300081000
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1:

It is hereby agreed to amend Contract No. 24-617, effective upon execution by both parties, as follows:

SECTION B. CONTRACTOR RESPONSIBILITIES, Add Paragraph B.7, to read as follows:

B.7 Contractor shall provide dental and internet connectivity upgrades to three mobile health clinics.

SECTION F. FISCAL PROVISIONS, Amend Paragraph F.1, to read as follows:

F.1 The maximum amount of payment under this Contract shall not exceed \$1,359,000. 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 24-617 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

►

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

M3 Group INC. (DBA Mission Mobile Medical Group)

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

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

Name Brad Watson
(Print or type name of person signing contract)

Title Chief Revenue Officer
(Print or Type)

Dated: _____

Address On File

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Adam Ebright, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Date _____

Reviewed/Approved by Department
►
Joshua Dugas, Director of Public Health
Date _____