



**Contract Number**

22-410 A-1

**SAP Number**

## Preschool Services Department

<b>Department Contract Representative</b>	N. Michelle Petersen
<b>Telephone Number</b>	909-386-8369
<b>Email Address</b>	<a href="mailto:nancy.petersen@hss.sbcounty.gov">nancy.petersen@hss.sbcounty.gov</a> or <a href="mailto:hsasdcontractsunit@hss.sbcounty.gov">hsasdcontractsunit@hss.sbcounty.gov</a>

<b>Contractor</b>	GeriSmiles Mobile Dental Hygiene Practice, Inc.
<b>Contractor Representative</b>	Dr. Travis Tramel
<b>Telephone Number</b>	951-428-1714
<b>Contract Term</b>	July 1, 2022, through August 31, 2026
<b>Original Contract Amount</b>	N/A
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	N/A
<b>Cost Center</b>	5911012220
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

### **AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 22-410, as follows:

### **SECTION VIII. TERM**

**Is amended to read as follows:**

This Contract is effective as of July 1, 2022, and is extended from its expiration date of June 30, 2025, to expire on August 31, 2026, but may be terminated earlier in accordance with the provisions of Section IX of the Contract.

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.

**All other terms and conditions of Contract No. 22-410 remain in full force and effect.**

**IN WITNESS WHEREOF**, San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

GERISMILES MOBILE DENTAL HYGIENE PRACTICE, INC.

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Name Dr. Travis Tramel  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

Title CEO / Owner  
*(Print or Type)*

By \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

Address 4199 Flat Rock Drive, Suite 127  
Riverside, CA 92505

**FOR COUNTY USE ONLY**

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

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Patty Steven, Contracts Manager  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Arlene Molina, Assistant Director  
Preschool Services Department  
Date \_\_\_\_\_