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



Contract Number

16-886 A2

SAP Number 4400000667

Department of Risk Management

LeAnna Williams **Department Contract Representative Telephone Number**

909-386-8621

Contractor **Contractor Representative Telephone Number Contract Term Original Contract Amount** Amendment Amount **Total Contract Amount Cost Center**

Arissa Cost Strategies, LLC Kathleen Torres

714-259-1053

11/17/2016 through 11/16/2021

Per Fee Schedule

7310004082 & 7310004104

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Amendment No. 2 to Contract No 16-886

WHEREAS, COUNTY and Contractor desire to amend and modify the Agreement as follows:

- 11. **TERM OF CONTRACT**, is replaced with the following:
 - A. The term of the contract awarded will be for a three (3) year period commencing on November 17, 2016 and ending on November 16, 2019, with option for two one-year extensions, unless terminated earlier as provided within this contract. If contract negotiations for renewals are delayed for reasons beyond control of the Contractor, the contract shall automatically be extended under the same terms and conditions until terminated by written notice by either party or by execution of a new contract.

Amendment No. 1 executed the first option for a one-year extension, from November 17, 2019 through November 16, 2020.

Amendment No. 2 will execute the second option for an additional one-year extension from November 17, 2020 through November 16, 2021.

- **B.** Notice of Cancellation: The contract may be terminated by any party for any reason upon thirty (30) days written notice.
- **C.** This is a non-exclusive contract and the COUNTY may, if necessary, at its sole discretion, retain other and/or additional workers' compensation utilization review service vendors.

Except as amended herein, no other section of the Agreement is amended and all other terms and conditions remain the same.

WHEREAS, The County of San Bernardino and Contractor are currently complying with shelter at home orders due to Covid-19, this agreement may be executed in any number of counterparts, each of which so executed shall be deemed an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

COUNTY OF SAN BERNARDINO	Ans	EDA Cast Strategies LIC
1 .1	(Print of	type name of corporation, company, contractor, etc.)
· Cut Han	Ву	House
Curt Hagman, Chairman, Board of Super	rvisors	(Authorized signature sign in blue ink)
Dated: JUL 1 4 2020	Name	KATHLEEN TORRES
SIGNED AND CERTIFIED THAT A COP		(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED	Q THE	
CHAIRMAN OF THE BOARD	Title _	PRESIDENT
		(Print or Type)
Clerk of the Board of Supervisors of the County of San Bernardino		
By Deputy		6-22-20
		2062 Business Center Dr. Ste. 100 Irvine, CA 92612
RDING CON		
COMMERCIA	T.	
FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
1. Juch	·	, , , , , , , , , , , , , , , , , , , ,
Teresa McGowan, County Counsel	<u> </u>	Loanno Milliama Director of Diele Managament
7/0/0		LeAnna Williams, Director of Risk Management
Date // 2/ 2020	Date	Date

Revised 7/15/19