

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



Contract Number
22-410 A-1

SAP Number

Preschool Services Department

Department Contract Representative	N. Michelle Petersen
Telephone Number	909-386-8369
Email Address	nancy.petersen@hss.sbcounty.gov or hsasdcontractsunit@hss.sbcounty.gov

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



Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 06 2024

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

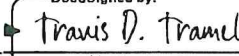


Lynna Morell
Clerk of the Board of Supervisors
San Bernardino County

By  Deputy

GERISMILES MOBILE DENTAL HYGIENE PRACTICE, INC.

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

DocuSigned by:
By 

(Print or type name of person signing contract)

Name Dr. Travis Tramel

(Print or type name of person signing contract)

Title CEO / Owner

(Print or Type)

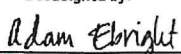
Dated: 7/15/2024

Address 4199 Flat Rock Drive, Suite 127

Riverside, CA 92505

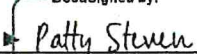
FOR COUNTY USE ONLY

Approved as to Legal Form

DocuSigned by:

Adam Ebright, Deputy County Counsel

Date 7/15/2024

Reviewed for Contract Compliance

DocuSigned by:

Patty Steven, Contracts Manager

Date 7/16/2024

Reviewed/Approved by Department

DocuSigned by:

Arlene Molina, Assistant Director
Preschool Services Department

Date 7/15/2024