



**Contract Number**

24-02 A-1

**SAP Number**

## Department of Public Health

<b>Department Contract Representative</b>	<u>LaTanya Mitchell</u>
<b>Telephone Number</b>	<u>(909) 665-2647</u>
<b>Contractor</b>	<u>San Bernardino County</u> <u>Superintendent of Schools</u>
<b>Contractor Representative</b>	<u>Kevin Garcia, Program Manager</u>
<b>Telephone Number</b>	<u>(909) 386-9517</u>
<b>Contract Term</b>	<u>July 1, 2023 through June 30, 2024</u>
<b>Original Contract Amount</b>	<u>NTE \$800,000</u>
<b>Amendment Amount</b>	<u>N/A</u>
<b>Total Contract Amount</b>	<u>NTE \$800,000</u>
<b>Cost Center</b>	<u>9300002759</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend Contract Number 24-02, effective April 9, 2024 as follows:

**Attachment A – SBCSS Scope of Work**

**All other terms and conditions of Contract No. 24-02 remain in full force and effect.**

This Agreement 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 Agreement. The School and County 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.

**IN WITNESS WHEREOF**, the 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: \_\_\_\_\_  
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

San Bernardino County Superintendent of Schools  
*(Print or type name of corporation, company, contractor, etc.)*

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

Name Katie M. Hylton  
*(Print or type name of person signing contract)*

Title Director, Business Support Services  
*(Print or Type)*

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

Address 601 North E Street  
San Bernardino, CA 92410

**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  
Date \_\_\_\_\_