



Contract Number
19-206 A1

SAP Number
4400009777

Department of Risk Management

Department Contract Representative	Victor Tordesillas
Telephone Number	909-386-8621
Contractor	Careworks Managed Care Services Inc
Contractor Representative	Dennis J. Duchene, Executive Vice President
Telephone Number	909-949-3939
Contract Term	4/16/2019 through 12/16/2024
Original Contract Amount	
Amendment Amount	
Total Contract Amount	Per Fee Schedule
Cost Center	Various

IT IS HEREBY AGREED AS FOLLOWS:

Amendment No. 1 to Contract No. 19-206

WHEREAS, San Bernardino County (County) and Careworks Managed Care Services Inc. (Contractor) desire to amend and modify the Agreement as follows:

- IV. **Contract Term**, is replaced with the following:
 - A. The term of the Contract(s) will be for a period of five (5) years and eight (8) months beginning on April 16, 2019 and ending on April 15, 2024, unless terminated earlier as provided within this Contract.

Amendment No. 1 will execute the option for an eight-month extension from April 15, 2024, through December 16, 2024.
 - B. Notice of Cancellation: The Contract may be terminated by any party for any reason upon thirty (30) days' written notice.
 - C. There are no guarantees of specific number of hours, blocks or project assignments.

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

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
of the San Bernardino County

B
y _____
Deputy

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

B
y ► _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
► _____
County Counsel
Date _____

Reviewed for Contract Compliance
► _____
Date _____

Reviewed/Approved by Department
► _____
Date _____