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

Contract Number

15-339 A-3

SAP Number 4400002656

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	Inland Valley Drug and Alcohol
	Recovery Services
Contractor Representative	Tina Hughes
Telephone Number	(909) 932-1069
Contract Term	July 1, 2015 - September 30, 2020
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	N/A

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Inland Valley Drug and Alcohol Recovery Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

SAN BERNARDINO

TOLIN

WITNESSETH:

IN THAT CERTAIN **Contract No. 15-339** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Substance Use Disorder and Recovery Services Recovery Residences, which Contract first became effective July 1, 2015, the following changes are hereby made and agreed to, effective November 5, 2019:

I. ADDENDUM I, paragraph B is hereby amended to read as follows:

B. FACILITY LOCATIONS:

1.

The Contractor shall provide the above services in and from the following address(es):

Arrow House 1439 W. Arrow Highway Upland, CA 91786	Ontario House 435 N. Cucamonga Ave. Ontario, CA 91764	9 th Street 390 E. 9 th Street Upland, CA 91786
Laurel House 790 N. Laurel Ave. Upland, CA 91786	1 st Avenue House 1341 N. 1 st Avenue Upland, CA 91786	

The locations for services may change in order to best serve the needs of San Bernardino County residents. Any location change shall be approved by the Director or designee, to ensure that all applicable laws and regulations are followed and all contract requirements are met.

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO	Inland Valley Drug and Alcohol Recovery Services
A JAL	(Print or type name of corporation, company, contractor, etc.)
Curt Hagman, Chairman, Board of Supervisors	By (Authorized signature - sign in blue ink)
Dated: MOY 0. 2019 SIGNED AND CERTIFIED THAT A COPY OF THIS	Name <u>IINA K. Hughes</u> (Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD	Title CEO
By	(Print or Type) Dated: 10/15/19
Deputy ARDINO COLUMN	
Concentration of the second se	Address 1260 E AVYOW HWY Upland, CA 91780
FOR COUNTY USE ONLY	1 MARCON
Approved as to Legal Form	essee
Dawn Martin, Deputy County Counsel Date DateDateDate	Date