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

SAN BERNARDINO COUNTY

**Contract Number**
24-1146 A-1

**SAP Number**

# Department of Public Health

| | |
|---|---|
| **Department Contract Representative** | Stephanie Ramos |
| **Telephone Number** | 840-587-6596 |
| **Contractor** | Child Care Resource Center, Inc. |
| **Contractor Representative** | Kelly Morehouse-Smith |
| **Telephone Number** | 818-717-1000 |
| **Contract Term** | November 19, 2024 through October 31, 2026 |
| **Original Contract Amount** | $211,656 |
| **Amendment Amount** | $211,656 |
| **Total Contract Amount** | $423,312 |
| **Cost Center** | 9300321000 |
| **Grant Number (if applicable)** | |

**IT IS HEREBY AGREED AS FOLLOWS*:***

**AMMENDMENT NO. 1:**

It is hereby agreed to amend Contract No. 24-1146, effective upon execution as follows:

**SECTION D. TERM OF CONTRACT**

Section D is amended to read as follows:

> This Contract is effective as of November 19, 2024 and expires October 31, 2026 but may be terminated earlier in accordance with provisions of this Contract. The Contract term may be extended for three (3) additional one year periods by mutual agreement of the parties, and subject to County's receipt of funding or remaining funding for Contractor.

**SECTION F. FISCAL PROVISIONS**

Paragraph 1 is amended to read as follows:

1. The maximum amount of reimbursement under this Contract shall not exceed $423,312 and shall be subject to availability of other funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the

performance hereof, including travel and per diem. With the following amounts allocated per fiscal year:

a. Fiscal Year 2024-2025, maximum reimbursement of $141,104

b. Fiscal Year 2025-2026, maximum reimbursement of $211,656

c. Fiscal year 2026-2027, maximum reimbursement of $70,552

Paragraph 3 is amended to read as follows:

3. County shall make payment to Contractor with a net sixty (60) day payment term after receipt of invoice or the resolution of any billing dispute. Invoices shall include the corresponding Purchase Order number assigned by County. Contractor is requested to complete the following steps to submit an invoice:

I. Send an email with the complete invoice (no supporting documentation) to San Bernardino County ATC at apinvoices@sbcountyatc.gov and cc celeste.quiroz@dph.sbcounty.gov and patricia.molina@dph.sbcounty.gov.

II. Send an email with supporting documentation to celeste.quiroz@dph.sbcounty.gov or you may submit hard copies of supporting documentation via mail to:

Department of Public Health
Attn: Celeste Quiroz
451 E. Vanderbilt Way, Third Floor, Ste. 350
San Bernardino, CA 92408

**ATTACHMENTS**

ATTACHMENT A – Replace Scope of Work

ATTACHMENT E1 – Add Budget for Fiscal Year 2025-2026

**All other terms and conditions of Contract No. 24-1146 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 parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail 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
of the San Bernardino County

By
Deputy

Child Care Resource Center, Inc.
*(Print or type name of corporation, company, contractor, etc.)*

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

Name Michael Olenick, Ph.D.
(*Print or type name of person signing contract)*

Title President & CEO
*(Print or Type)*

Dated:

Address 20001 Prairie St.

Chatsworth, CA 91311

**FOR COUNTY USE ONLY**

| Approved as to Legal Form | Reviewed for Contract Compliance | Reviewed/Approved by Department |
|---|---|---|
| ► | ► | ► |
| Daniel Pasek, Deputy County Counsel | | Joshua Dugas, Director |
| Date | Date | Date |