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



Contract Number 23-338-A1

**SAP Number** 

## **Workforce Development Department**

**Bradley Gates Department Contract Representative** (909) 387-9862 **Telephone Number** California Workforce Development Contractor Board Erika Gray **Contractor Representative Telephone Number** May 9, 2023 to December 31, 2026 **Contract Term** \$1,200,000 **Original Contract Amount Amendment Amount** \$0 \$1,200,000 **Total Contract Amount Cost Center** 

Briefly describe the general nature of the contract: Amendment No. 1 to Contract No. 23-338 provides a performance extension of the Regional Equity and Recovery Partnership from the California Workforce Development Board with a new end date of December 31, 2026.

FOR COUNTY USE ONLY				
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department		
Suzanna Bryant Suzanne Bryant, Deputy County Counsel	Robert Chavez, Assistant Director	Bradley States Director		
Date4/15/2025	Date5/7/2025	Date5/7/2025		

Cleared CSG Dist. CP 7/3/25

		Dist. CP 7/3/25		
STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT - AMENDMENT	O ID: 7120-M850717	120-A1		
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Author	
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	M85071-7120	1	EDD-71	00
1. This Agreement is entered into between the Contracting Agen	cy and the Contractor named	below:		
CONTRACTING AGENCY NAME California Workforce Development Board				
CONTRACTOR NAME				
San Bernardino County, Workforce Development Board				
2. The term of this Agreement is:				
START DATE				
January 1, 2023, or upon final approval				
THROUGH END DATE				
December 31, 2026				
3. The maximum amount of this Agreement after this Amendment \$1,200,000.00 (One Million Two Hundred Thousand Dollars)				
4. The parties mutually agree to this amendment as follows. A incorporated herein:	All actions noted below are by	y this reference made a par	t of the Agreemen	t and
This Agreement entered into January 1, 2023, by and between the San Bernardino County, WDB, hereinafter referred to as the County.	he California Workforce Develo Contractor, is hereby amended	pment Board, hereinafter refe to:	erred to as the CW(	OB, and
Amendment 1 to increase the term by 14 months from October	31, 2025 to December 31, 2026	5. This is a no cost Amendmen	it.	
All other terms and conditions shall remain the same.				
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED	BY THE PARTIES HERETO.			
	CONTRACTOR			
CONTRACTOR NAME (If other than an individual, state whether a corpora	tion, partnership, etc.)			
San Bernardino County, Workforce Development Board				
CONTRACTOR BUSINESS ADDRESS		СПУ	STATE	ZIP
290 N. D. Street, Suite 600		San Bernardino	CA	92415
PRINTED NAME OF PERSON SIGNING		TITLE		
Luther Snoke		Chief Executive Officer		
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED /		
The Le		6/17/	7075	
	TATE OF CALIFORNIA	11/		
CONTRACTING AGENCY NAME	TATE OF CILLIFORNIA			
California Workforce Development Board				
CONTRACTING AGENCY ADDRESS		CITY	STATE	ZIP
800 Capitol Mall, Suite 1022, MIC 45		Sacramento	CA	95814
PRINTED NAME OF PERSON SIGNING		TITLE		
Myke Griseta		Grant Development Mana	ager	
CONTRACTING AGENCY AUTHORIZED SIGNATURE		DATE SIGNED		
Muke Griseta		7/3/25		
		EXEMPTION (If Applicable)		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL		SCM Vol. 1 Section 4.06		



**CAO-Special Projects** 

**Use Only** 

## County of San Bernardino DFI FGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Authority udes not	eminiate ti	re document subminssion	i , cquii				
Department/Agen	cy/Entity:	Workforce Develop	ment (	Department			
Contact Name:	Fred Burks				_ Telephone:	909-387-9845	
Agreement No.:	23-338	Amendment No.:	1	Date of Board Item	5/20/25	Board Item No.:	90
Name of Contract	Entity/Proj	ect Name: Regiona	al Equit	ty and Recovery Part	nership Award	Extension	
Explanation of req	uest/Specia	al Instructions:					
On May 20, 2025	, the Board	of Supervisors (Board	) (Item	No. 90), approved r	on-financial Ar	mendment No. 1 to Co	ntract No.
23-338 (State Ag	reement No	umber M85071-7120)	with th	he California Workfo	ce Developmer	nt Board, for the Regio	nal Equity
and Becovery Pa	rtnerchin a	ward to implement o	ollege	partnerships between	n regional con	nmunity colleges and t	the Inland
Silu Necovery ra	Diamina I	Init comprised of the	o San I	Parnardina County a	nd Riverside C	ounty Workforce Dev	elonment
Empire Regional	Planning C	mit, comprised of the	2 3di) i	section unity of	a total contrac	t pariod of May 9 202	3 through
Boards. Extendir	ng the perio	irmance period by one	a year	and two months, for	a total contrac	t period of May 9, 202	o cuto too
December 31, 20	026. The B	oard item delegated	the au	thority to the Chief	Executive Office	er for signature to ex	ecute me
amendment and	any ancilla	ry supporting docume	nts, su	bject to review by Co	ounty Counsel.		
insert check mark	that the fo	llowing required docu	ument	s are attached to this	request:		
⊠ Documents	sproposed	for signature (Note	: For	contracts, include a	signed non-st	tandard contract cove	ersheet for
		ed on a standard cont					
		at delegated the auth		•			
M poara vecu	idd itcili till	te acieBatea tile auti	,				
Department Rou	ted Cou	nty Counsel Name:			Date Sent:		
to County Couns		nie A. Curtis			6/2/25		
			3-25		Determinatio	n'	
Reviewing	Vevi	EM Date 0-	<u> </u>			cope of Delegated Aut	hority
County Counsel		NC.		_		•	
Use Only		1			Outside :	Scope of Delegated Au	CHOTICY

Disposition:

of agenda item

√ Route for signature to:

Chair √CEO

Return to Department for preparation

Signature

**Review Date** 

Department