



Contract Number

17-204 A-1

SAP Number

Preschool Services Department

Department Contract Representative	Jeff D'Avanzo
Telephone Number	(909) 386-8314
Contractor	Victor Community Support Services, Inc.
Contractor Representative	Sharmelle Parker
Telephone Number	(909) 385-2540
Contract Term	May 1, 2017 – April 30, 2022
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend this Memorandum of Understanding (MOU) (Contract No. 17-204), effective May 1, 2020, as follows:

Section VIII. TERM is amended to read as follows:

This MOU is effective as of May 1, 2017, and is extended from its current expiration date of April 30, 2020, to expire on April 30, 2022, but may be terminated earlier in accordance with provisions of Section IX of the MOU.

Section XI. CONCLUSION, Paragraph C is amended to read as follows:

- C. This Contract 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 Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (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 Contract upon request.

Section XI. CONCLUSION is amended to add Paragraph D. as follows:

- D. **IN WITNESS WHEREOF**, the Board of Supervisors of the County of San Bernardino has caused this Contract to be subscribed to by the Clerk thereof, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officers, the day, month, and year written.

All other terms and conditions of this MOU (Contract No. 17-204) remain in full force and effect.

COUNTY OF SAN BERNARDINO

▶

Curt Hagman, Chairman, 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 County of San Bernardino

By _____
Deputy

Victor Community Support Services, Inc.
(Print or type name of corporation, company, contractor, etc.)

By ▶ _____
(Authorized signature - sign in blue ink)

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

Title _____
Executive Director
(Print or Type)

Dated: _____

Address _____
1908 Business Center Drive Suite 220

San Bernardino, CA 92408

FOR COUNTY USE ONLY

Approved as to Legal Form

▶ _____
Adam Ebright, County Counsel

Date _____

Reviewed for Contract Compliance

▶ _____
Jennifer Muhall-Daudel, Contracts Manager

Date _____

Reviewed/Approved by Department

▶ _____
Phalos Haire, Director,
Preschool Services Department

Date _____