



Contract Number

21-624 A-1

SAP Number

Preschool Services Department

Department Contract Representative	N. Michelle Petersen
Telephone Number	909-386-8369
Email Address	nancy.petersen@hss.sbcounty.gov or hsasdcontractsunit@hss.sbcounty.gov

Contractor	Hi-Desert Memorial Health Care District dba Morongo Basin Healthcare District
Contractor Representative	Janeen Duff
Telephone Number	760-820-9240
Contract Term	September 1, 2021, through August 31, 2026
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	5911012220
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 21-624, as follows:

SECTION IX. TERM

Section IX is amended to read as follows:

This Contract is effective as of September 1, 2021, and is extended from its expiration date of August 31, 2024, to expire on August 31, 2026, but may be terminated earlier in accordance with the provisions of Section X of the Contract.

SECTION X. EARLY TERMINATION

Is amended to add Paragraph C to read as follows:

- C. The Contractor may terminate the Contract without cause by the Contractor serving a written notice to the Preschool Services Department (PSD) thirty (30) days in advance of the termination. This provision of early termination shall expire on December 31, 2024.

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.

All other terms and conditions of Contract No. 21-624 remain in full force and effect.

IN WITNESS WHEREOF, 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

MORONGO BASIN HEALTHCARE DISTRICT

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

►

 Dawn Rowe, Chair, Board of Supervisors

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

Dated: _____
 SIGNED AND CERTIFIED THAT A COPY OF THIS
 DOCUMENT HAS BEEN DELIVERED TO THE
 CHAIRMAN OF THE BOARD

Name Cindy Schmall
(Print or type name of person signing contract)

Lynna Monell
 Clerk of the Board of Supervisors
 San Bernardino County

Title Chief Executive Officer
(Print or Type)

By _____
 Deputy

Dated: _____

Address 6530 La Contenta Road, Suite 100
Yucca Valley, CA 92284

FOR COUNTY USE ONLY

Approved as to Legal Form ► Adam Ebright, Deputy County Counsel Date _____	Reviewed for Contract Compliance ► Patty Steven, Contracts Manager Date _____	Reviewed/Approved by Department ► Arlene Molina, Assistant Director Preschool Services Department Date _____
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