

AMENDMENT NO. 1

MEMORANDUM OF UNDERSTANDING

Between
Housing Authority of the County of San Bernardino
and
San Bernardino County Department of Behavioral Health
for
In-Kind Service Match Related to the Cornerstone Program

October 1, 2022 – October 31, 2023

THIS AMENDMENT NO. 1 TO MEMORANDUM OF UNDERSTANDING, dated as of September 26, 2023 (this Amendment), is entered into by and between the HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO, a public corporation (HACSB) and the SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH, a public entity (DBH).

WHEREAS, the HACSB and DBH entered into that certain Memorandum of Understanding, dated October 1, 2022 (the “MOU”); and

WHEREAS, the HACSB and DBH now desire to amend the term of the MOU;

NOW, THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, HACSB and DBH agree as follows:

I. SECTION IX **TERM** of the MOU is hereby amended to read as follows:

This MOU is effective as of October 1, 2022 and expires October 31, 2023.

All other terms, conditions and covenants in the basic agreement 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 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 Agreement upon request.

IN WITNESS WHEREOF, the Housing Authority of the County of San Bernardino and County of San Bernardino Department of Behavioral Health have entered into this Amendment No. 1 as of the date first set forth above.

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
San Bernardino County

By _____
Deputy

HOUSING AUTHORITY OF THE COUNTY OF
SAN BERNARDINO

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

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

Name Maria Razo
(Print or type name of person signing contract)

Title Executive Director
(Print or Type)

Dated: _____

Address 715 E. Brier Drive

 San Bernardino, CA 92405