



Contract Number

19-585 A-2

SAP Number

4400012571

Human Services

**Department Contract Representative
Telephone Number**

Juile West
(909) 387-2462

**Contractor
Contractor Representative
Telephone Number
Contract Term
Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center
Grant Number (if applicable)**

Focus Language International Inc.
Selin Cacao
(800) 374-5444
September 1, 2019 to January 31, 2025
\$4,500,000 Aggregate
\$ 250,000 Aggregate
\$4,750,000 Aggregate
5015011000
N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract No. 19-585 as follows:

SECTION V. FISCAL PROVISIONS

Amend Paragraph A. to read as follows:

- A. The aggregate amount of payment under this Contract is a combined total for all Translation and Interpretation Contractors identified in the corresponding Board Agenda item and together shall not exceed \$4,750,000 of which \$3,562,500 may be federal/state funded and shall be subject to availability of funds to the County. The consideration to be paid to Contractor on a fee for service basis, per the rates shown on the Fee Schedule (Attachment B) shall be in full payment for all contractor's services and expenses incurred in the performance hereof, including travel and per diem.

All other terms and conditions of Contracts No. 19-585 remain in full force and effect.

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

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

►

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

FOCUS LANGUAGE INTERNATIONAL Inc.

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

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

Name Selin Cacao
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: _____

Address 14450 Park Ave, Suite 100
Victorville, CA 92392

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Daniella Hernandez , Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____
Patty Steven, Contracts Manager

Date _____

Reviewed/Approved by Department

► _____
Diana Alexander, Assistant Executive Officer for
Human Services

Date _____