



Contract Number

18-347-A-3

SAP Number

4400008353

Department of Behavioral Health

Department Contract Representative	Jesus Maciel
Telephone Number	909-388-0887
Contractor	Lutheran Social Services of Southern California
Contractor Representative	LaSharnda Beckwith
Telephone Number	(714) 485-8493
Contract Term	July 1, 2018 – September 30, 2024
Original Contract Amount	\$5,152,278
Amendment Amount	\$249,299
Total Contract Amount	\$5,401,577
Cost Center	9203212200

THIS AMENDMENT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Lutheran Social Services of Southern California referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 18-347** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for 0-5 Comprehensive Treatment Services (CTS): Screening, Assessment, Referral and Treatment (SART) and Early Intervention and Identification Services (EIS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. **ARTICLE IV FUNDING AND BUDGETARY RESTRICTIONS**, paragraphs E and K are hereby amended, and paragraph L is hereby added to read as follows:
 - E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.

- K. The Contract amendment amount of \$249,299 shall increase the total contract amount from \$5,152,278 to \$5,401,577 for the contract term.
 - L. The allowable funding sources for this Contract may include: the Children and Families Commission for San Bernardino County (First 5), Federal Financial Participation Medi-Cal, and Mental Health Services Act Prevention and Early Intervention funds.
- II. ARTICLE XIII DURATION AND TERMINATION, paragraph A is hereby amended to read as follows:
- A. The term of this Agreement shall be from July 1, 2018, through September 30, 2024 inclusive.
- III. ARTICLE XVI PERSONNEL, paragraphs L and M are hereby added to read as follows:
- L. Executive Order N-6-22 Russia Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. “Economic Sanctions” refers to sanctions imposed by the U.S. government in response to Russia’s actions in Ukraine (<https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-programs-and-country-information/ukraine-russia-related-sanctions>), as well as any sanctions imposed under state law (<https://www.dgs.ca.gov/OLS/Ukraine-Russia>). The EO directs state agencies and their contractors (including by agreement or receipt of a grant) to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should it be determined that Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. Contractor shall be provided advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the County.
 - M. Campaign Contribution Disclosure (SB 1439)

Contractor has disclosed to the County using Attachment III - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County’s consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.
- IV. This amendment hereby adds ATTACHMENT III “Campaign Contribution Disclosure Form” (SB 1439).

V. All other terms, conditions and covenants in Contract No. 18-347 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.

SAN BERNARDINO COUNTY

LUTHERAN SOCIAL SERVICES OF SOUTHERN CALIFORNIA

(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 _____
(Print or type name of person signing contract)


Lynna Monell
Clerk of the Board of Supervisors
of San Bernardino County


Title _____
(Print or Type)


By _____
Deputy

Dated: _____
Address 32770 Old Woman Springs Rd., Ste 100
Lucerne Vally, CA. 92356

FOR COUNTY USE ONLY

Approved as to Legal Form
 _____
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
 _____
Ellayna Hoatson, Contracts Supervisor
Date _____

Reviewed/Approved by Department
 _____
Georgina Yoshioka, Director
Date _____

SCHEDULE A - Planning Estimates

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

Early Identification and Intervention Services
(EIS)

Contractor Name: Lutheran Social Services

Provider RU #

Contract/RFP#

Address:

Date Form Completed:
Date Form Revised:

Actual Cost Contract (cost reimbursement)

Prepared by: Tawanda Counts
Title:

FY 2024 - 2025
July 1, 2024 - September 30, 2024

LINE #	MODE OF SERVICE	SERVICE FUNCTION	Early Intervention Services					Prevention Services		TOTAL		
			Case Mgmt and ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	Medication Support (60)	Crisis Intervention (70)	Client Flexible Support (72)	Non-Medi-Cal Client Support (78)			
1	100%	Distribution %	7.00%	82.97%	0.01%	0.01%	0.01%	0.00%	10.00%			
1	100%	Distribution %	7.00%	89.97%	0.01%	0.01%	0.01%	0.00%	3.00%			
EXPENSES												
2		SALARIES	0	8,104	96,050	12	12	12		11,576	115,765	
3		BENEFITS	0	1,982	23,487	3	3	3		2,831	28,308	
		(2+3 must equal total staffing costs)	0	10,085	119,537	14	14	14	0	14,407	144,072	
4		OPERATING EXPENSES	0	7,366	94,672	11	11	11	0	3,157	105,227	
5		TOTAL EXPENSES (2+3+4)	0	17,451	214,209	25	25	25	0	17,564	249,299	
AGENCY REVENUES												
6		PATIENT FEES									0	
7		PATIENT INSURANCE									0	
8		MEDI-CARE									0	
9		GRANTS/OTHER									0	
10		TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0	0	0	
11		CONTRACT AMOUNT (5-10)	0	17,451	214,209	25	25	25	0	17,564	249,299	
FUNDING												
12	Mix % 98.72%	MEDI-CAL (FFP)	Share % 50.00%	0	8,614	105,735	12	12	12		114,386	
13												
14		PEI Matching Funds (BHSA)	100.00%	0	8,614	105,735	12	12	12		114,386	
15		Provider Matching Funds (if applicable)		0	0	0	0	0	0		0	
16												
17		FIRST-5 (Non-Medi-Cal)	8.28%	0	223	2,740	0	0	0	17,564	20,528	
18		FUNDING TOTAL		0	17,451	214,209	25	25	25	0	17,564	249,299
19		NET COUNTY FUNDS (Local Cost) MUST = ZERO		0	0	0	0	0	0	0	0	
20		STATE FUNDING (Including Realignment)		0	8,614	105,735	12	12	12	0	114,386	
21		AGENCY FUNDING (non-DBH)		0	0	0	0	0	0	0	0	
22		FEDERAL FUNDING		0	8,837	108,474	13	13	13	0	134,913	
23		TOTAL FUNDING		0	17,451	214,209	25	25	25	0	17,564	249,299
24		TARGET COST PER UNIT OF SERVICE			\$0.49	\$0.63	\$0.66	\$1.24	\$0.93			
25		UNITS OF TIME (Days (Mode 05) / Minutes (Mode 15))			35,703	337,645	38	20	27		373,433	

Client Days 0

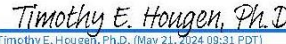
APPROVED:


Laura Gutierrez (May 21, 2024 09:29 PDT)
PROVIDER AUTHORIZED SIGNATURE DATE

May 21, 2024


Anthony Altamirano (May 21, 2024 09:30 PDT)
DBH FISCAL SERVICES DATE

May 21, 2024


Timothy E. Hougen, Ph.D. (May 21, 2024 09:31 PDT)
DBH PROGRAM MANAGER DATE

May 21, 2024

Laura Gutierrez
PROVIDER AUTHORIZED SIGNER (PRINT NAME)

Anthony Altamirano
DBH FISCAL SERVICES (PRINT NAME)

Timothy E. Hougen, Ph.D.
DBH PROGRAM MANAGER (PRINT NAME)

PREPARED BY: Michael Guerrero
DBH FISCAL SERVICES

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

STAFFING DETAIL

FY 2024 - 2025

July 1, 2024 - September 30, 2024 (3 months)

Schedule B

Staffing Detail - Personnel (Includes Personal Services Contracts for Professional Services)

CONTRACTOR NAMI Lutheran Social Services

Name	Degree/ License	Position Title	If Staff Position is not Clinical FTE Providing SMHS, change to "N"	D/I/C ⁽¹⁾	Full Time Annual Salary*	Full Time Fringe Benefits*	Total Full Time Salaries & Benefits*	% Cost Allocated Contract Services	Total Salaries and Benefits Charged to Contract Services (3 months)	Budgeted Hours of Contract Services	Total Salaries Charged to Contract Services (3 months)	Total Benefits Charged to Contract Services (3 months)
Dolores Tansey Blust	LMFT/LPCC	Clinical Supervisor	Y	I	83,000	13,280	96,280	30%	7,221		6,225	996
Brandi McKinney	CSW Intern	Clinician	Y	D	56,326	11,569	67,895	100%	16,974		14,082	2,892
TBD		Clinician	Y	D	83,200	25,200	108,400	100%	27,100		20,800	6,300
TBD		Clinician	Y	D	83,200	25,200	108,400	100%	27,100		20,800	6,300
Maria Colon Croz		Mental Health Specialist	Y	D	43,680	13,104	56,784	100%	14,196		10,920	3,276
TBD		Mental Health Specialist	Y	D	43,680	8,280	51,960	100%	12,990		10,920	2,070
TBD		Mental Health Specialist	Y	D	43,680	8,280	51,960	100%	12,990		10,920	2,070
Heather Rose	MA	Occupational Therapist	Y	D	19,552	0	19,552	50%	2,444		2,444	0
Tawanda Counts	MA LMFT	VP of Health, Wellness & Recover	Y	I	115,000	24,720	139,720	10%	3,493		2,875	618
Breyon Clemmons	MA LMFT	Clinic Director	Y	I	85,000	19,200	104,200	50%	13,025		10,625	2,400
Allison Lamm	BA	Office Administrator	Y	I	56,160	13,416	69,576	10%	1,739		1,404	336
Alfreda Wright	BS	Training Director	Y	I	75,000	21,000	96,000	10%	2,400		1,875	525
Felix Hallig	BS	Compliance Director	Y	I	75,000	21,000	96,000	10%	2,400		1,875	525
							0		0		0	0
							0		0		0	0
							0		0		0	0
											115,765	28,308

TOTAL COST:	144,072	30,278
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*Clinical Therapist are contracted employees that are part time but 65% their time is towards the MH services

Detail of Fringe Benefits: Employer FICA/Medicare, Workers Compensation, Unemployment, Vacation Pay, Sick Pay, Pension and Health Benefits

(1) Input "D" to indicate a direct staffing position and input "I" for an indirect staffing position
 Note, administrative and clerical staff are normally treated as indirect cost. For any administrative or clerical staff that are identified as direct, please ensure the required documentation is maintained to fill CFR 200.413 (c)(1) – (4)

(2) Contracted positions need to be Clinical positions only. Any Non-clinical contracted position need to be included on the Operating Expense schedule only.

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B**

FY 2024 - 2025

Contractor Name: Lutheran Social Services
 Provider RU# _____
 Contract/RFP# _____
 Address: _____

 Date Form Completed: _____

Prepared by: Tawanda Counts
 Title: _____

Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.

July 1, 2024 - September 30, 2024

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 Supportive Services	\$9,420	0%	\$0	100%	\$9,420
2 Emergency Assistance	\$10,463	0%	\$0	100%	\$10,463
3 Equipment Rental	\$0	0%	\$0	100%	\$0
4 Information Tech Costs	\$110,250	95%	\$104,738	5%	\$5,513
5 Insurance	\$47,833	95%	\$45,441	5%	\$2,392
6 Maintenance	\$7,305	0%	\$0	100%	\$7,305
7 Misc - Adv, Bank, Printing, Postage, Employee	\$0	0%	\$0	100%	\$0
8 Office & Program Supplies	\$9,145	0%	\$0	100%	\$9,145
9 Professional/Contract Costs	\$126	0%	\$0	100%	\$126
10 Rent	\$17,049	54%	\$9,206	46%	\$7,843
11 Staff Travel/Meetings/ Trainings & Mileage	\$11,318	0%	\$0	100%	\$11,318
12 Taxes & Licenses, Dues & Subscriptions	\$0	0%	\$0	100%	\$0
13 Telephone & Utilities	\$13,543	0%	\$0	100%	\$13,543
14 Vehicle Expense	\$28,160	0%	\$0	100%	\$28,160
15 Depreciation	\$0	0%	\$0	100%	\$0
16		100%	\$0		\$0
54		100%	\$0		\$0
55		100%	\$0		\$0
SUBTOTAL B:	\$264,612		\$159,385		\$105,227
GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:					\$249,299

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
BUDGET NARRATIVE
FY 2024 - 2025**

Contractor Name: Lutheran Social Services
 Provider RU# _____
 Contract/RFP# _____
 Address: _____

 Date Form Completed: _____

Prepared by: Tawanda Counts
 Title: _____

Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures (rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.

July 1, 2024 - September 30, 2024

ITEM	Justification of Cost
1 Supportive Services	Federal allowable indirect admin costs (LSS approved by DBH for 19.0%)
2 Emergency Assistance	Direct Allocation: Client flex funds - any expenses spent on behalf of a client or client's family.
3 Equipment Rental	FTE Allocation: This includes operating lease payments for any kind of rented equipment such as copiers, phones, postage meters, etc. It will not include auto lease payments (see vehicle expense).
4 Information Tech Costs	FTE and Direct Allocations: This includes all IT related costs including costs associated with maintenance of servers, trouble tickets for computer & laptop issues, web hosting fees, software and hardware upgrades/maintenance, etc.
5 Insurance	FTE Allocation: This includes insurance for professional liability, commercial, directors and officers, volunteer, auto, and excess/umbrella, insurance. It excludes health insurance and other employee insurances.
6 Maintenance	FTE Allocation: This includes all building maintenance costs & expenses. It can include parts for buildings, cleaning services, contracted fees for independent labor to fix/maintain building property and premises, etc. Building maintenance to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
7 Misc - Adv, Bank, Printing, Postage, Employee Exp	DTE and Dierct Allocation: This includes costs for advertising (cost of being in yellow pages, advertising for vacant positions, or advertising for achievement of program specific goals (if applicable)), bank charges, interest on loans (if allowable under OMB), printing (flyers/brochures, etc), postage, pre-employment costs (livescan and TB testing), employee morale & safety expenses, and food expenses. Food expenses include food for staff while traveling and food for meetings if deemed necessary.
8 Office & Program Supplies	Direct and FTE Allocations: This includes expendable office, program, janitorial, and household suplies such as pens, paper, folders, videos, testing materials, books, toys for therapy, craft supplies, cleaners, bleaches, TP, papertowels, plates, cups, water, etc. This also includes equipment, furniture & fixtures, etc. that individually do not meet LSS capitalization policy requirements of \$1,000 and an estimated useful life of 3 years or more.
9 Professional/Contract Costs	Direct Allocation: This includes services for expenses such as the annual audit, legal fees, etc. Occupational Therapy Cost listed on Staff page as she provides direct services and needs to be counted in service projections.
10 Rent	FTE Allocations: This includes rent expense for real property. Rent for tangible property will be in equipment rental. Rent to individual programs is determined based upon the programs square footage/usage it occupies, which can vary from month to month.
11 Staff Travel/Meetings/ Trainings & Mileage	
12 Taxes & Licenses, Dues & Subscriptions	FTE and Direct Allocations: This includes costs such as monthly subscriptions, property taxes and other governmental non-penalty fees assessed, and r
13 Telephone & Utilities	FTE and Direct Allocations: This includes costs for utilities & telephone, such as cable, electric, gas, internet, phone & T1 lines, etc. Utilities & telephone
14 Vehicle Expense	Direct Allocations: This includes all vehide related expenses such as leases, R&M, gas, car washes, etc.
15 Depreciation	This includes costs for depreciation expense. Items depreciated include furniture & fixtures, vehicles, equipment, etc.
16	
17	
54	
55	

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCHEDULE B
FY 2024 - 2025
Service Projections (Mode 15)**

Productivity Expectation: 60%

CM Rate per Min. MHS Rate/Min MSS Rate/Min Crisis Rate/Min

Agency Per Min Rates: \$2.20 \$2.99 \$5.56 \$4.20

Target Cost Per Unit of Service \$0.49 \$0.63 \$1.24 \$0.93

ALL YELLOW HIGHLIGHTED AREAS REQUIRE INPUT BY PROVIDER

Contractor Name:	Lutheran Social Services
Provider RU#	
Contract/RFP#	
Address:	
Date Form Completed:	
Date Form Revised:	

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type							Clients Served		
			Case Management and ICC (01-09)		Mental Health Services (10-50)	Intensive Home Based Services (57)		Medication Support (60)	Crisis Intervention (70)	Starting Census		13
										Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	2	1	14
Aug-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	2	1	15
Sep-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	4	1	18
Oct-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	4	1	21
Nov-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	4	1	24
Dec-22	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	4	1	27
Jan-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	5	1	31
Feb-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	5	1	35
Mar-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	5	1	39
Apr-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	5	1	43
May-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	5	1	47
Jun-23	124,478	7.70	\$5,817		\$71,403	\$8		\$8	\$8	2	1	48
TOTAL	373,433		\$17,451		\$214,209	\$25		\$25	\$25	47	12	
Total Revenue								\$231,735	Unduplicated Clients Served		60	
										Estimated Cost Per Client:		\$3,862

	15-Outpatient	15-Outpatient	15-Outpatient	15-Outpatient	
	Case Management	Mental Health Services	Medication Support Services	Crisis Intervention	TOTAL

Total Minutes of Services	35,703	337,682	20	27	373,433
Total Monthly Minutes of Services (Average)	2975	28140	2	2	31119
Dosage (minutes) per client per month	99	933	0	0	1032
Dosage (hours) per client per month	1.64	15.55	0.00	0.00	17.19

Total Hours Per Unduplicated Client for Duration of the Program: 0.00

Avg Monthly Census	Expected Length of Program (months)
30	



**Campaign Contribution Disclosure
(SB 1439)**

DEFINITIONS

Actively supporting the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.

1. Name of Contractor: Lutheran Social Services of Southern California
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?
 Yes If yes, skip Question Nos. 3-4 and go to Question No. 5
 No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: _____
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s): _____
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	N/A

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A	N/A	N/A

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	N/A

9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No If **no**, please skip Question No. 10.

Yes If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

Please add an additional sheet(s) to identify additional Board Members/County elected officer to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.