



**Contract Number**

21-629-A-4

**SAP Number**

4400017913

**Department Of Public Health**

<b>Department Contract Representative</b>	Samantha Padilla
<b>Telephone Number</b>	(909)677-3929
<b>Contractor</b>	California Health Collaborative
<b>Contractor Representative</b>	Brandi Muro
<b>Telephone Number</b>	(559)244-4512
<b>Contract Term</b>	August 24, 2021 through August 23, 2025
<b>Original Contract Amount</b>	\$1,653,790
<b>Amendment Amount</b>	\$756,104
<b>Total Contract Amount</b>	\$2,409,894
<b>Cost Center</b>	930032100
<b>Grant Number (if applicable)</b>	

**IT IS HEREBY AGREED AS FOLLOWS:**

**Amendment No. 4**

It is hereby agreed to amend Contract No. 21-629, effective August 20, 2024 as follows:

**Section V. FISCAL PROVISIONS**

- A. The maximum amount of reimbursement under this Contract shall not exceed \$2,409,894 which may consist of state and/or federal funds and shall be subject to availability of said funds to the County. The consideration to be paid to the Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.
- C. Invoices shall be issued with corresponding SAP Contract and/or Purchase Order number stated on the invoice and include current month posted General Ledger entries matching the claims for reimbursement, documentation/proof of payment for all expenses claimed and clear allocation of cost included if the costs are shared among different funding sources and shall be processed with a net sixty (60) day payment term following approval by County.
- D. Invoices shall be submitted monthly no later than ten (10) business days following the month of service. The format in which invoices shall be submitted will be provided to the Contractor subsequent to contract award. Contractor is requested to complete the following steps to submit an invoice:

1. Send an email with the complete invoice (no supporting documentation) to San Bernardino County ATC at [apinvoices@atc.sbcounty.gov](mailto:apinvoices@atc.sbcounty.gov) and cc [Shanice.Johnson@dph.sbcounty.gov](mailto:Shanice.Johnson@dph.sbcounty.gov) and [shunter@dph.sbcounty.gov](mailto:shunter@dph.sbcounty.gov)
2. Send an email with supporting documentation to [Shanice.Johnson@dph.sbcounty.gov](mailto:Shanice.Johnson@dph.sbcounty.gov) and [Charlene.Lunasco@dph.sbcounty.gov](mailto:Charlene.Lunasco@dph.sbcounty.gov) or you may submit hard copies of supporting documentation via mail to:

Department of Public Health  
Attn: Shanice Johnson/Charlene Lunasco  
606 East Mill Street, Second Floor  
San Bernardino, CA 92415-0011

**Section VIII. Term is amended to read as follows:**

This contract is effective as of August 24, 2021, and is extended from its original expiration date of August 23, 2024, to expire on August 23, 2025, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one -year period by mutual agreement of the parties.

**All other terms and conditions of Contract remain in full force and effect.**

This agreement may be executed in any number of parts, 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 the Contract (whether by facsimile, PDF, or other email transmission), which signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

**IN WITNESS WHEREOF**, the 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  
of the San Bernardino County

B  
y \_\_\_\_\_  
Deputy

California Health Collaborative  
\_\_\_\_\_  
*(Print or type name of corporation, company, contractor, etc.)*

B  
y ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name Stephen Ramirez  
*(Print or type name of person signing contract)*

Title Chief Executive Officer  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 1680 W. Shaw Ave  
Fresno, CA 93711

**FOR COUNTY USE ONLY**

<p>Approved as to Legal Form</p> <p>► _____ Adam Ebright, Deputy County Counsel</p> <p>Date _____</p>	<p>Reviewed for Contract Compliance</p> <p>► _____</p> <p>Date _____</p>	<p>Reviewed/Approved by Department</p> <p>► _____ Joshua Dugas, Director</p> <p>Date _____</p>
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