



Contract Number

20-497 A-7

SAP Number

Preschool Services Department

Department Contract Representative	N. Michelle Petersen
Telephone Number	909-386-8369
Contractor	Needles Unified School District
Contractor Representative	Jim Rolls
Telephone Number	760-326-3891
Contract Term	July 1, 2020, through June 30-2025
Original Contract Amount	\$1,810,782
Amendment Amount	\$N/A
Total Contract Amount	\$1,810,782
Cost Center	5911522220

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 7

It is hereby agreed to amend Contract No. 20-497 A-6, as follows:

SECTION VIII. TERM

Section VIII. is amended to read as follows:

This Contract is effective as of July 1, 2020, and is extended from the original expiration date of June 30, 2023, to expire on June 30, 2025, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

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(s) No. 20-497 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

►

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

NEEDLES UNIFIED SCHOOL DISTRICT

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

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

Name Dr. Gary Cameron
(Print or type name of person signing contract)

Title Superintendent
(Print or Type)

Dated: _____

Address 1900 Erin Drive
Needles, CA 92363

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

►

Jacquelyn Greene, Director
Preschool Services Department

Date _____