



Contract Number

16-408 A-3

SAP Number

4400009491

Department of Behavioral Health

Department Contract Representative	Sandra Becerra
Telephone Number	(909) 388-0856
Contractor	Victor Community Support Services, Inc.
Contractor Representative	Paula Quijano
Telephone Number	(909) 890-5930
Contract Term	July 1, 2016 – June 30, 2021
Original Contract Amount	\$25,600,000
Amendment Amount	\$8,650,000
Total Contract Amount	\$34,250,000
Cost Center	9206352200 and 9206362200

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Victor Community Support Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 16-408 by and between the County, political subdivision of State of California, and the Contractor for wraparound mental health services, which first became effective July 1, 2016, the contract is hereby amended as follows, effective July 1, 2020:

- I. Article IV Funding and Budgetary Restrictions, Paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$5,650,000 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$8,650,000 for fiscal years 2019-20 and 2020-21. This amendment shall increase the total contract from \$25,600,000 to \$34,250,000. All previously approved Budget Schedules remain in effect. The Revised Comprehensive Children and Family Support Services (CCFSS) Schedules A and B for fiscal year 2020-21 will be submitted to, and approved by, the Director or designee at a later date.
- 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, 2016 through June 30, 2021 inclusive.
- III. All other terms, conditions, and covenants in the basic agreement remain in full force and effect.

COUNTY OF SAN BERNARDINO

Victor Community Support Services, Inc.

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

► _____
Curt Hagman, Chairman, 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 the County of San Bernardino

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

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

Reviewed for Contract Compliance
► _____
Natalie Kesseee, Contracts Manager
Date _____

Reviewed/Approved by Department
► _____
Veronica Kelley, Director
Date _____