



Contract Number

17-765 A-4

SAP Number

4400006416

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	(909) 386-8264
Contractor	Telecare Corporation
Contractor Representative	Bryceton Danico
Telephone Number	(562) 544-0791
Contract Term	October 1, 2017 – June 30, 2022
Original Contract Amount	\$25,650,000
Amendment Amount	\$0
Total Contract Amount	\$25,650,000
Cost Center	9204352200

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Telecare Corporation referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 17-765** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Crisis Stabilization Unit East Valley program services, which Contract first became effective October 1, 2017, the following changes are hereby made and agreed to, effective March 1, 2022:

- I. ADDENDUM I, Section X, Facility Location paragraph J is hereby amended to read as follows:
 - J. County shall provide on-site security guard(s) during the day and night, 24 hours a day, 7 days a week. Coverage will be specific to industry standards for treatment programs, which shall include providing building security as deemed suitable by the County.

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

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

SAN BERNARDINO COUNTY

Telecare Corporation

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

By _____
(Authorized signature - sign in blue ink)

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

Title _____
(Print or Type)

Dated: _____

Address _____

►
Curt Hagman, Chairman, 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

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►
Natalie Kessee, Contracts Manager

Date _____

Reviewed/Approved by Department

►
Georgina Yoshioka, Interim Director

Date _____