



Contract Number

22-196 A-3

SAP Number

Department of Public Health

Department Contract Representative	Michael Shin, DPH Contracts
Telephone Number	(909) 832-0807
Contractor	Inland Empire Health Plan (IEHP)
Contractor Representative	Dr. Takashi Wada
Telephone Number	(909) 980-5105
Contract Term	March 15, 2022 - May 31, 2026
Original Contract Amount	\$3,300,000
Amendment Amount	\$0
Total Contract Amount	\$3,300,000
Cost Center	9300291000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3:

It is hereby agreed to amend Contract No. 22-196, effective May 7, 2024, as follows:

SECTION VII. TERM

Amend Section VII. Term to read as follows:

This Contract is effective as of March 15, 2022 and is extended from the original expiration date of May 31, 2023, to expire May 31, 2026, but may be terminated earlier in accordance with the provisions of this Contract.

All other terms and conditions of Contract 22-196 remain in full force and effect.

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.

SAN BERNARDINO COUNTY

► *Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors
MAY - 7 2024

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By *Jennifer Monell*

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



Inland Empire Health Plan (IEHP)
(Print or type name of corporation, company, contractor, etc.)

By ► *Takashi Wada* Takashi Wada
2024.04.17 10:30:41 -07'00'
(Authorized signature - sign in blue ink)

Name Takashi Wada
(Print or type name of person signing contract)

Title Chief Medical Officer
(Print or Type)

Dated: _____

Address 10801 Sixth Street
Rancho Cucamonga, CA 91730

FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► <u><i>Adam Ebright</i></u>	► _____	► <u><i>Joshua Dugas</i></u>
Adam Ebright, Deputy County Counsel		Joshua Dugas, Director
Date <u>17/04/24</u>	Date _____	Date <u>17/04/24</u>