



Contract Number

22-830 A-1

SAP Number

N/A

Sheriff/Coroner/Public Administrator

Department Contract Representative	Carolina Mendoza, Chief Deputy Director of Sheriff's Administration
Telephone Number	(909) 387-0640
Contractor	Loma Linda University Health Education Consortium
Contractor Representative	Daniel Giang, M.D.
Telephone Number	(909) 558-4094
Contract Term	09/14/2022 through 06/30/2027
Original Contract Amount	Fee Per Service
Amendment Amount	-----
Total Contract Amount	Fee Per Service
Cost Center	4436501000
Grant Number (if applicable)	-----

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT No. 1

Contract No. 22-830 for Loma Linda University Health Education Consortium to provide a Forensic Pathology rotation for Pathology Residents at the Sheriff/Coroner/Public Administrator's Coroner Division is hereby amended, effective June 27, 2025, as follows:

(1) To replace Section D. – TERM OF CONTRACT, in its entirety, as follows:

D. TERM OF CONTRACT

This Contract is effective as of September 14, 2022, and expires June 30, 2027, but may be terminated earlier in accordance with provisions of this Contract. The Contract may be terminated earlier in accordance with provisions of the Contract. The County and the Contractor each reserve the right to terminate the Contract, for any reason, with a ninety (90) day advance written notice of termination. Such termination may include all or part of the services described herein. Upon receipt of termination notice Contractor shall promptly discontinue services unless the notice directs otherwise.

(2) To replace Sub-section F.1, in its entirety, as follows:

F.1 Contractor shall reimburse County for disposable protective wear utilized by Participants at a rate of \$49 per day per Participant or the most current rate established by the County, updated July 1 of each year. Contractor shall be invoiced quarterly in arrears for all logged participants. Amounts are due to the County within forty-five (45) days from the invoice date.

(3) To replace Section L – ELECTRONIC SIGNATURES, in its entirety, as follows:

L. ELECTRONIC SIGNATURES

This Contract and, if applicable, any subsequent amendments, 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 mail 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.

Except as amended, all other terms and conditions of this Contract remain as stated therein.

[Remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, San Bernardino County and the Contractor have each caused the Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

► 

Sheriff/Coroner/Public Administrator Authorized
Signature

Dated: 6/16/2025

Loma Linda University Health Education Consortium

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

By

► 

(Authorized signature - sign in blue ink)

Name Daniel Giang, M.D.

(Print or type name of person signing contract)

Title Designated Institutional Official

(Print or Type)

Dated: 06/18/2025

Address 11234 Anderson St., Room MC2516

Loma Linda, CA 92354

FOR COUNTY USE ONLY

Approved as to Legal Form

► 

Grace B. Parsons, Deputy County Counsel

Date 06/18/2025

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

► 

Carolina Mendoza, Chief Deputy Director of
Sheriff's Administration

Date 06/18/2025



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Sheriff/Coroner/Public Administrator

Contact Name: Lindsey Dominguez Telephone: 387-3466

Agreement No.: 22-830 Amendment No.: 1 Date of Board Item 9/13/22 Board Item No.: 64

Name of Contract Entity/Project Name: Loma Linda University Health Education Consortium

Explanation of request/Special Instructions:

Amendment to affiliation Agreement with Loma Linda University Health Education Consortium for Pathology Resident Forensic Pathology Rotation. The Agreement was approved by BOS for the period of 09/14/2022 through 06/30/2025, with the option to extend for one additional two-year period. On the same action, BOS authorized the Sheriff/Coroner/Public Administrator to execute amendments to extend the term of the agreement and any non-sustantive amendments to the scope of services.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Grace B. Parsons	Date Sent: 6/5/25
Reviewing County Counsel Use Only	Review Date <u>06/05/2025</u> <u>Grace B. Parsons</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>6/20/25</u> <u>Maura Garcia</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item