THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number

16-886 A2

SAP Number

4400000667

Department of Risk Management

Department Contract Representative	LeAnna Williams
Telephone Number	909-386-8621
Contractor	Arissa Cost Strategies, LLC
Contractor Representative	Kathleen Torres
Telephone Number	714-259-1053
Contract Term	11/17/2016 through 11/16/2021
Original Contract Amount	
Amendment Amount	
Total Contract Amount	Per Fee Schedule
Cost Center	7310004082 & 7310004104

IT IS HEREBY AGREED AS FOLLOWS*:*
(*Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)*

Amendment No. 2 to Contract No 16-886

WHEREAS, COUNTY and Contractor desire to amend and modify the Agreement as follows:

II. TERM OF CONTRACT, is replaced with the following:

A. The term of the contract awarded will be for a three (3) year period commencing on November 17, 2016 and ending on November 16, 2019, with option for two one-year extensions, unless terminated earlier as provided within this contract. If contract negotiations for renewals are delayed for reasons beyond control of the Contractor, the contract shall automatically be extended under the same terms and conditions until terminated by written notice by either party or by execution of a new contract.

Amendment No. 1 executed the first option for a one-year extension, from November 17, 2019 through November 16, 2020.

Amendment No. 2 will execute the second option for an additional one-year extension from November 17, 2020 through November 16, 2021.

B. Notice of Cancellation: The contract may be terminated by any party for any reason upon thirty (30) days written notice.

C. This is a non-exclusive contract and the COUNTY may, if necessary, at its sole discretion, retain other and/or additional workers' compensation utilization review service vendors.

Except as amended herein, no other section of the Agreement is amended and all other terms and conditions remain the same.

WHEREAS, The County of San Bernardino and Contractor are currently complying with shelter at home orders due to Covid-19, this agreement may be executed in any number of counterparts, each of which so executed shall be deemed 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.

COUNTY OF SAN BERNARDINO

►

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
of the County of San Bernardino

By

Deputy

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

By ►

(Authorized signature - sign in blue ink)

Name KATHLEEN TORRES

(*Print or type name of person signing contract)*

Title PRESIDENT

(Print or Type)

Dated:

Address 2062 Business Center Dr. Ste. 100
Irvine, CA 92612

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Teresa McGowan, County Counsel		LeAnna Williams, Director of Risk Management
Date	Date	Date