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

SAN BERNARDINO COUNTY

Contract Number

17-904 A1

SAP Number
4400005106

Department of Risk Management

Department Contract Representative	LeAnna Williams
Telephone Number	909-386-8621
Contractor	IW Care Connection, Inc.
Contractor Representative	Eddie Braun, CFO
Telephone Number	818-789-2273
Contract Term	12/20/2017 through 12/19/2021
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. 1 to Contract No 17-904

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

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

A. The term of the contract awarded will be for the period commencing on December 20, 2017 and ending on December 19, 2020, with option for two (2) 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 will execute the first option for a one-year extension, from December 20, 2020 through December 19, 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 nurse case management services 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: JUL 14 2020

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

IW CARE CONNECTION, INC.
(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)

Name Eduard Braun
(Print or type name of person signing contract)

Title CFO
(Print or Type)

Dated: 06/19/2020

Address 13715 Burbank Blvd
Sherman Oaks, CA 91401

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Teresa McGowan	►	►
Teresa McGowan, County Counsel		LeAnna Williams, Director of Risk Management
Date 7/2/2020	Date	Date 6/30/20