



Contract Number

16-645 A-1

SAP Number

N/A

Preschool Services Department

Department Contract Representative	Jeff D'Avanzo
Telephone Number	(909) 386-8314
Contractor	West Coast University Inc.
Contractor Representative	Traci Duda, MSN/Ed, RN
Telephone Number	(626) 890-5948
Contract Term	August 24, 2016 - August 31, 2021
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend this Agreement (Contract No. 16-645), effective August 21, 2019, as follows:

Section III. is amended to read as follows:

This Agreement shall become effective on August 24, 2016, and is extended from its current expiration of August 23, 2019, to expire on August 31, 2021, provided, however, it may be terminated by either party after giving the other party 30 days advance written notice of its intention to so terminate; provided further, however, that any such termination by the Department shall not be effective, at the election of the School, as to any satisfactorily performing student who, at the date of mailing of said notice by the Department was satisfactorily participating in said program, until such student has completed the program for the then current academic quarter or semester.

Written notice, issued pursuant to this Paragraph III by the Department, shall be sent by registered mail to the School faculty member in charge of the program and a copy of said notice shall be sent to the undersigned School representative identified in Paragraph IV, below.

Written notice, issued pursuant to this Paragraph III by the School, shall be sent by registered mail to the Director of the Department.

All other terms and conditions of this Agreement (Contract No. 16-645) remain in full force and effect.

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

West Coast University Inc.

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

By ►

(Authorized signature - sign in blue ink)

Name Traci Duda, MSN/Ed, RN

(Print or type name of person signing contract)

Title Manager, Clinical Relations

(Print or Type)

Dated: _____

Address 2855 East Guasti Road

Ontario, CA 91761

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Adam Ebright, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►
Jennifer Mulhall-Daudel, Contracts Manager

Date _____

Reviewed/Approved by Department

►
Phalos Haire, Director
Preschool Services Department

Date _____