



Contract Number

24-02 A-2

SAP Number

Department of Public Health

Department Contract Representative Telephone Number	<u>LaTanya Mitchell</u> <u>(909) 665-2647</u>
Contractor	<u>San Bernardino County</u> <u>Superintendent of Schools</u>
Contractor Representative Telephone Number	<u>Kevin Garcia, Program Manager</u> <u>(909) 386-9517</u>
Contract Term	<u>July 1, 2023 through June 30, 2025</u>
Original Contract Amount	<u>NTE \$800,000</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>NTE \$800,000</u>
Cost Center	<u>9300002759</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend Contract Number 24-02, effective July 1, 2024 as follows:

Section 2. PERIOD OF PERFORMANCE

Amend Section 2 to read as follows:

This MOU is effective as of July 1, 2023, and is extended from its original expiration date of June 30, 2024, to its amended expiration date of June 30, 2025, unless terminated as specified in Section 7 (TERMINATION PROVISION).

All other terms and conditions of Contract No. 24-02 remain in full force and effect.

This Agreement 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 Agreement. The School and County 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.

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

SAN BERNARDINO COUNTY

►

Dawn Rowe, Chair, 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
San Bernardino County

By _____
Deputy

San Bernardino County Superintendent of Schools
(Print or type name of corporation, company, contractor, etc.)

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

Name Katie M. Hylton
(Print or type name of person signing contract)

Title Director, Business Support Services
(Print or Type)

Dated: _____

Address 601 North E Street
San Bernardino, CA 92410

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Adam Ebright, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Date _____

Reviewed/Approved by Department
►
Joshua Dugas, Director
Date _____