



**Contract Number**

22-195 A-4

**SAP Number**

4400019254

**Department of Public Health**

<b>Department Contract Representative</b>	Rebecca Saucedo
<b>Telephone Number</b>	(909) 725-5426
<b>Contractor</b>	El Sol Neighborhood Educational Center
<b>Contractor Representative</b>	Alex Fajardo
<b>Telephone Number</b>	(909) 884-3735
<b>Contract Term</b>	March 15, 2022 – May 31, 2026
<b>Original Contract Amount</b>	\$500,000
<b>Amendment Amount</b>	\$0
<b>Total Contract Amount</b>	\$500,000
<b>Cost Center</b>	930029100
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 4:**

It is hereby agreed to amend Contract No. 22-195, effective March 25, 2025, as follows:

**SECTION I. DEFINITIONS, Removal of Definition O**

**SECTION III. CONTRACTOR GENERAL RESPONSIBILITIES, Amend Paragraph C, H, P (4.), DD (3.), and DD (4.) to read as follows:**

- C. Without the prior written consent of the Director of DPH or Purchasing Agent, this Contract is not assignable by Contractor either in whole or in part.
- H. Contractor agrees not to enter into any subcontracts for work contemplated under this Contract without first obtaining written approval from the Director of DPH through the Contracts and Grants Unit. The County may withhold such consent in its sole discretion.
- P. (4.) Report actual, suspected or potential breaches of PII immediately to the Public Health Privacy and Security Officer via email at: [privacy@dph.sbcounty.gov](mailto:privacy@dph.sbcounty.gov)

- DD. (3.) Civil Rights Compliance – The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by state regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the County Contracts and Grants Unit within thirty (30) days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, complaints of discrimination, compliance review, and duties of the Civil Rights Liaison. Upon request, the County shall supply a sample of the Plan format. The Contractor shall be monitored by the County for compliance with provisions of its Civil Rights Plan. Contractor is required to maintain and provide a current Civil Rights Plan for the duration of the Contract and submit the Assurance of Compliance form (Attachment D) annually. Additionally, the Contractor shall submit to County an Assurance of Compliance with the California Department of Social Services Nondiscrimination in State and Federally Assisted Programs Statement annually.
- DD. (4.) (g.) Upon request, Contractor will provide County of Public Health evidence of adherence to requirements listed above.

**SECTION V. FISCAL PROVISIONS, Removal of Paragraph I, and Amend Paragraph D, to read as follows:**

- D. San Bernardino County Department of Public Health  
ATTN: COVID Equity  
451 E. Vanderbilt Way, 4<sup>th</sup> Floor  
San Bernardino, CA 92415

**SECTION VII. TERM, Amend Section VII. Term to read as follows:**

This Contract is effective as of March 15, 2022 and is extended from the original expiration date of May 31, 2023, to expire May 31, 2026, but may be terminated earlier in accordance with the provisions of this Contract.

**SECTION IX. EARLY TERMINATION, Amend Paragraph A to read as follows:**

- A. The County may terminate the Contract immediately under Section V, Paragraph A, if funds are not available to the County, and under the provisions of Section VII, Paragraph C, Item 5 of the Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to the Contractor thirty (30) days in advance of termination. The Director of DPH is authorized to exercise the County's rights with respect to any termination of this Contract.

**SECTION X. GENERAL PROVISIONS, Amend Paragraph A to read as follows:**

A. County: (Contract Information)  
San Bernardino County  
Contracts and Grants Unit  
451 E. Vanderbilt Way, 3<sup>rd</sup> Floor  
San Bernardino, CA 92415

County: (Program and Fiscal Information)  
San Bernardino County  
Department of Public Health, COVID Equity  
Attn: Program Manager  
451 E. Vanderbilt Way, 4<sup>th</sup> Floor  
San Bernardino, CA 92415

**ATTACHMENTS:**

**Attachment C – Replace with revised Attachment C - Complaint and Grievance Procedure**

**Attachment F – Replace with revised Attachment F - Program Budget – El Sol Neighborhood Educational Center (Attached).**

**All other terms and conditions of Contract 22-195 remain in full force and effect.**

This Contract 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 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 Contract upon request.

SAN BERNARDINO COUNTY

► *Dawn Rowe*  
Dawn Rowe, Chair, Board of Supervisors

Dated: MAR 25 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *Lynna Monell*  
Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County



By *[Signature]*  
Deputy

El Sol Neighborhood Educational Center  
(Print or type name of corporation, company, contractor, etc.)

By ► *[Signature]*  
Alex F. Jardo (Mar 3, 2025 10:49 PST)  
(Authorized signature - sign in blue ink)

Name Alex Fajardo  
(Print or type name of person signing contract)

Title Executive Director  
(Print or Type)

Dated: 03/03/2025

Address On File

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► *[Signature]*  
Adam Ebright, Deputy County Counsel  
Date 03/10/2025

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► *[Signature]*  
Joshua Dugas (Mar 10, 2025 09:17 PDT)  
Joshua Dugas, Director of Public Health  
Date 03/10/2025

Organization Name: El Sol Neighborhood Educational Center

Time Period: March 15th, 2022 to May 31st, 2026

12/30/2024

Budget Category	Budget
<b>Salaries</b>	
Executive Director	\$4,875
Project Director / Project Manager	\$9,376
Project Supervisor	\$44,945
Office Support	\$31,772
Data entry	\$36,212
3 CHW promotores	\$146,158
CHW media promotor	\$42,510
Fiscal Support	\$10,510
Training Support	\$8
<b>Subtotal Salaries</b>	<b>\$326,366</b>
<b>B. Fringe Benefits</b>	
	\$39,158
<b>Subtotal Fringe Benefits</b>	<b>\$39,158</b>
<b>Program Expenses</b>	
Office Supplies	\$7,997
Travel	\$5,918
Printing (Flyers and educational materials)	\$7,066
Operational Expenses	\$25,864
<b>Subtotal Program Expenses</b>	<b>\$46,844</b>
<b>Other</b>	
Project Designer	\$33,840
Evaluator	\$8,750
<b>Subtotal Other</b>	<b>\$42,590</b>
<b>Total Cost</b>	<b>\$454,958</b>
Indirect 10%	\$45,042
<b>Total</b>	<b>\$500,000</b>



Public Health

**COMPLAINT AND GRIEVANCE PROCEDURE**

**INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR’S RECORDS.**

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

**STEP ONE:**

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

**STEP TWO:**

Send a copy of your written complaint or grievance to the DPH Contract Analyst. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

DPH Administration,  
ATTN: Contract and Grants Unit  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

You will be contacted within 10 calendar days if you have provided contact information.

**Please note:** Each of these steps must be completed in the sequence shown.

..... **Detach here** .....

**COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION**

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



Public Health

## COMPLAINT AND GRIEVANCE PROCEDURE

**THIS INFORMING NOTICE IS TO BE DISPLAYED IN CLEAR VIEW IN AREAS WHERE CLIENT WILL OBTAIN THE DIRECT SERVICE OR AS DELINEATED IN THE CORRESPONDING COUNTY CONTRACT. CLIENT IS TO BE PROVIDED A COPY OF THIS PROCEDURE UPON REQUEST.**

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding the services you received, you have the right to file a complaint or tell us your grievance.

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### **STEP TWO:**

Send a copy of your written complaint or grievance to the DPH Contract Analyst. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

DPH Administration, Contracts and Grants Unit  
Attn: Contract Analyst  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

You will be contacted within 10 calendar days if you have provided contact information.

**Please note:** Each of these steps must be completed in the sequence shown.



Public Health

**PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS**

**INSTRUCCIONES: EI CLIENTE DEBE leer y recibir la parte superior de este formulario. La parte inferior del formulario debe ser firmado por el recipiente del servicio y colocarlo en los archivos del contratista.**

Si cree que ha sido discriminado o que, habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

**PRIMER PASO:**

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

**SEGUNDO PASO:**

Mande una copia de su denuncia o queja por escrito al DPH Analista de Contratos. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

DPH Administration,  
ATTN: Contracts and Grants Unit  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

**Por favor note:** Cada uno de estos pasos deben ser completados en la orden que se indica.

..... **Separar aquí.** .....

**CERTIFICACIÓN DEL PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS**

Esto certifica que he leído, entendido, y he recibido el Procedimiento para Denuncias y Quejas.

\_\_\_\_\_  
**Firma del Cliente**

\_\_\_\_\_  
**Fecha**





Public Health

## PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

**ESTE AVISO INFORMATIVO DEBE MOSTRARSE EN VISTA CLARA EN AREAS DONDE EL CLIENTE RECIBIRÁ SERVICIO DIRECTO O COMO ESTÁ DELINEADO EN EL CONTRATO DEL CONDADO CORRESPONDIENTE. AL CLIENTE SE LE PROPORCIONARÁ UNA COPIA DE ESTE PROCEDIMIENTO CUANDO LO PIDA.**

Si cree que ha sido discriminado, o que habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

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451 E. Vanderbilt Way  
San Bernardino, CA 92415

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