

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



**Contract Number**

22-734

**SAP Number**

## Public Defender

**Department Contract Representative  
Telephone Number**

Diana Lovelace  
(909) 382-3950

**Contractor  
Contractor Representative  
Telephone Number  
Contract Term  
Original Contract Amount  
Amendment Amount  
Total Contract Amount  
Cost Center**

Francisco J. Robles

On File

4910002753

### IT IS HEREBY AGREED AS FOLLOWS:

Effective March 25, 2023, Contract No. 22-734 is hereby amended as follows:

**ADD SECTION IV. COMPENSATION OF CONTRACTOR, Subsection Q., BILINGUAL COMPENSATION, with the following:**

R. BILINGUAL COMPENSATION

If Contractor is in a position designated by the appointing authority which requires bilingual translation involving the use of English and a second language as part of their regular duties, Contractor shall be entitled to bilingual compensation. Such compensation shall apply regardless of the total time required per day for such translation. Contractors in such positions must be certified as competent in translation skills by Human Resources to be eligible for compensation. Competency Certification is solely determined and administered by Human Resources. Level 1- verbal skill level is

compensable at fifty dollars (\$50.00) per pay period. Level 2 - written skill level is  
compensable at fifty-five dollars (\$55.00) per pay period.

All other terms and conditions of this Contract No. 22-734 remain unchanged and are incorporated  
herein by this reference.

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

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

By ►

\_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name **Francisco J. Robles**  
\_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address **On file**  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

► \_\_\_\_\_  
Cynthia O'Neill, County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

► \_\_\_\_\_  
Thomas W. Sone, Public Defender

Date \_\_\_\_\_