

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



Contract Number

SAP Number

Department of Behavioral Health

Department Contract Representative	Rebecca Lombard
Telephone Number	909-383-3978
Contractor	[REDACTED]
Contractor Representative	[REDACTED]
Telephone Number	[REDACTED]
Contract Term	November 1, 2023 – December 31, 2023
Original Contract Amount	\$20,129,783 Aggregate
Amendment Amount	\$390,457 Aggregate
Total Contract Amount	\$20,520,240 Aggregate
Cost Center	1017211000, 1017241000, 1017251000, 1017231000, 1017201000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and (insert contractor's name here) referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN (insert Contract No.) by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Substance Use Disorder and Recovery Services Residential Treatment and Withdrawal Management Services, which Contract first became effective XXXX XX, 20XX, the following changes are hereby made and agreed to, effective November 1, 2023:

- I. ARTICLE V Funding paragraph K is hereby amended to read as follows:
 - K. The contract amendment amount of \$390,457 shall increase the total contract aggregate amount from \$20,129,783 to \$20,520,240 for the contract term.

II. All other terms, conditions and covenants in the basic agreement 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 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.

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH

► _____
Georgina Yoshioka, Director

Dated: _____

**APPROVED AS TO LEGAL FORM
COUNTY COUNSEL**

By _____
Dawn Martin, Deputy County Counsel

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

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

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____
