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



<b>Contract Number</b>
22-854 A1

SAP Number	SA	P	N	um	be	r
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## **Board of Supervisors**

Department Contract Representative	Stephanie Maldonado		
Telephone Number	387-4378		
Contractor	Peter J. Rogers (hereinafter called "Contractor")		
Contractor Representative			
Telephone Number	On File		
Contract Term	1 May some for a su -		
Original Contract Amount	The state of the s		
Amendment Amount			
Total Contract Amount	TON LI WITT		
Cost Center	1004001000		

## IT IS HEREBY AGREED AS FOLLOWS:

Effective June 13, 2023, Contract No. 22-854 is hereby amended as follows:

ADD SECTION IV. COMPENSATION OF CONTRACTOR, Subsection D., DENTAL COVERAGE, with the following

## IV. COMPENSATION OF CONTRACTOR

## D. <u>DENTAL COVERAGE</u>

CONTRACTOR may enroll in a dental plan offered by the County and CONTRACTOR shall receive a bi-weekly Dental Premium Subsidy (DPS) of \$9.46 to offset the cost of dental plan premiums charged to CONTRACTOR, regardless of minimum hours worked.

All other terms and conditions of this Contract No. 22-854 remain unchanged and are incorporated herein by this reference.

SAN BERNARDINO COUNTY	Peter J. Rogers
	(Print or type name of corporation, company, contractor, etc.)
Dawn Rowe, Chair, Board of Supervisors	By (Authorized signature - sign in blue ink)
Dated: JUN 1 3 2023 SIGNED AND CERTIFIED THAT A COPY OF TH	Name Peter J. Rogers  (Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD PER Lynna Monell of	Title Deputy Chief of Staff – 4th District  (Print or Type)
By Clerk of the Board of Supervisors San Bernardino County  Deputy  RDINO COUNTY	
FOR COUNTY USE ONLY Approved as to Legal Form Reviewe	d for Contract Compliance Reviewed/Approved by Department
Olynthia O'Neill, Principal Assistant County Counsel	Date
Date   Date	