

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

Contract Number
21-824 A-3

SAP Number

San Bernardino County Fire Protection District

Department Contract Representative Dan Munsey
Telephone Number 387-5779

Contractor California Governor's Office of
Emergency Services

Contractor Representative
Telephone Number _____

Contract Term October 1, 2021 to June 30, 2026

Original Contract Amount \$75,000

Amendment Amount \$200,000

Total Contract Amount _____

Cost Center _____

Briefly describe the general nature of the contract:

This is to approve Amendment No. 3 to Agreement No. 21-826 with the California Governor's Office of Emergency Services for costs pertaining to San Bernardino County Fire Protection District employees attending Regional Hazardous Materials Response Training, extending the term for two additional years, for a total term of October 1, 2021, through June 30, 2026, with no change to the not-to-exceed amount of \$200,000, and with all other terms remaining the same.

FOR COUNTY USE ONLY

Approved as to Legal Form


Scott Runyan, Principal Assistant County Counsel

Date 6/17/24

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Date _____

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

SCO ID: 0690-A211006343-A3

STANDARD AGREEMENT - AMENDMENT

STD 213A (Rev. 4/2020)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES

AGREEMENT NUMBER

A211006343

AMENDMENT NUMBER

3

Purchasing Authority Number

GOES-0690

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Governor's Office of Emergency Services (Cal OES)

CONTRACTOR NAME

San Bernardino County Fire Protection District

2. The term of this Agreement is:

START DATE

October 1, 2021, or upon approval, whichever is later

THROUGH END DATE

June 30, 2026

3. The maximum amount of this Agreement after this Amendment is:

\$200,000.00

Two Hundred Thousand Dollars and Zero Cents

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

1. Pursuant to Exhibit A, Statement of Work (SOW); Section 2, Term/Period of Performance, Cal OES hereby extends the contract term end date from June 30, 2024 to June 30, 2026.

Previous term dates: October 1, 2021 to June 30, 2024

New contract value: October 1, 2021 to June 30, 2026

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Bernardino County Fire Protection District

CONTRACTOR BUSINESS ADDRESS

598 S. Tippecanoe Ave., 2nd Floor

CITY

San Bernardino

STATE

CA

ZIP

92408

PRINTED NAME OF PERSON SIGNING

Dan Munsey

TITLE

Fire Chief

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

6/25/2024

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

California Governor's Office of Emergency Services (Cal OES)

CONTRACTING AGENCY ADDRESS

10391 Peter A McCuen Blvd.

CITY

Mather

STATE

CA

ZIP

95655

PRINTED NAME OF PERSON SIGNING

Eric Swanson

TITLE

Deputy Director, Finance and Administration

CONTRACTING AGENCY AUTHORIZED SIGNATURE



DATE SIGNED

6/25/2024

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)





County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: San Bernardino County Fire Protection Dist.

Contact Name: Nidia Vargas Telephone: 909-387-6134

Agreement No.: 21-826 Amendment No.: 3 Date of Board Item 6/25/24 Board Item No.: 130
131

Name of Contract Entity/Project Name: Amendment to Agreement with the California Governor's Office of Emergency Serviv

Explanation of request/Special Instructions:

This is to authorize the San Bernardino County Fire Protection District (SBCFPD) Fire Chief or Deputy Fire Chief to sign Amendment No. 3 to the Agreement No. 21-826 with the California Governor's Office of Emergency Services (CalOES), subject to County Counsel review

After Counsel review, the Amendment will be signed and submitted to CalOES for processing and signature. SBCFPD will transmit Amendment No. 3 to Agreement No. 21-826 to the Secretary of the Board of Directors within 30 days of execution.

Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Scott Runyan	Date Sent: 6/25/24
Reviewing County Counsel Use Only	Review Date <u>6/25/24</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>10/25/24</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item