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

SAN BERNARDINO COUNTY

Contract Number
21-941 A-3

SAP Number

Department of Behavioral Health

Department Contract Representative	Melissa Malcom
Telephone Number	(909) 388-0951
Contractor	Mountain Counseling & Training, Inc.
Contractor Representative	Angela Harrington
Telephone Number	(909) 336-3330 ext. 1017
Contract Term	January 1, 2022, through December 31, 2026
Original Contract Amount	$2,612,627
Amendment Amount	$ 125,000
Total Contract Amount	$2,737,627
Cost Center	9206302200
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS*:*

AMENDMENT NO. 3:

San Bernardino County Mountain Counseling & Training, Inc. (Contractor) hereby agree to amend **Contract No. 21-941** as follows:

I. ARTICLE V Funding and Budgetary Restrictions, paragraph I and paragraph J are hereby amended to read as follows:

I. The maximum financial obligation under this contract shall not exceed $2,737,627 for the contract term.

J. Contractor shall adhere to the Schedules A and B which will be submitted to, and approved by, the Director of DBH or designee for each fiscal year during the contract term.

II. All other terms, conditions and covenants of Contract No. 21-941 remain in full force and effect.

This Amendment 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 Amendment.

The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, San Bernardino County and the Contractor have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

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

Mountain Counseling & Training, Inc.

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

By:

►

(Authorized signature - sign in blue ink)

Name: Angela Harrington

(Print or type name of person signing contract)

Title: Chief Executive Officer

(Print or Type)

Dated: _____

Address: 340 Highway 138
Crestline, CA 92325

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Dawn Martin, Deputy County Counsel	Michael Shin, Administrative Manager	Joshua Dugas, Acting Director
Date _____	Date _____	Date _____