



**Contract Number**  
21-473 A-2

**SAP Number**  
4400017984

## Department of Behavioral Health

<b>Department Contract Representative</b>	Shane Hibbard-Miller
<b>Telephone Number</b>	(909) 386-8264
<b>Contractor</b>	Pacific Clinics
<b>Contractor Representative</b>	Maria Murillo, Regional Executive Director
<b>Telephone Number</b>	(909) 266-2713
<b>Contract Term</b>	July 1, 2021, through December 31, 2026
<b>Original Contract Amount</b>	\$6,175,000
<b>Amendment Amount</b>	\$ 975,000
<b>Total Contract Amount</b>	\$7,150,000
<b>Cost Center</b>	9206302200
<b>Grant Number (if applicable)</b>	N/A

### IT IS HEREBY AGREED AS FOLLOWS:

#### **AMENDMENT NO. 2:**

San Bernardino County (County) and Pacific Clinics (Contractor) hereby agree to amend Contract No. 21-473 as follows:

- I. ARTICLE V Funding and Budgetary Restrictions, paragraph I is hereby amended to read as follows:
  - I. The maximum financial obligation under this contract shall not exceed \$7,150,000 for the contract term.
- II. ARTICLE V Funding and Budgetary Restrictions, paragraph K is hereby added as follows:
  - K. Federal Contracting Provisions
    - This Agreement is federally funded and subject to the additional terms on Attachment IV Federal Contracting Provisions.
- III. ARTICLE XIV Duration and Termination, paragraph A, is hereby amended to read as follows:

- A. The term of this Agreement shall be from July 1, 2021, through December 31, 2026, inclusive.
- IV. ARTICLE XVII Personnel, paragraph L, is hereby replaced in its entirety and revised as follows:
- L. Levine Act Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)
- Contractor has disclosed to the County using Attachment III – Levine Act - Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer for 12 months after the County’s consideration of the Contract.
- In the event of a proposed amendment to this Contract, the Consultant will provide the County a written statement disclosing any campaign contribution(s) of more than \$500 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.
- Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.
- V. SCHEDULE A Planning Estimates and SCHEDULE B Program Budget for the remainder of FY 2025-26 and FY 2026-27, attached to this Amendment, are hereby added to Contract No. 21-473.
- VI. ATTACHMENT III Campaign Contributions Disclosure (SB1439) is hereby replaced in its entirety with Levine Act-Campaign Contribution Disclosure (formerly referred to as SB 1439) as attached to this Amendment.
- VII. ATTACHMENT IV Federal Contracting Provisions is hereby added as attached.
- VIII. All other terms, conditions and covenants in Contract No. 21-473 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

Pacific Clinics

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

By:



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

Name: Kim M. Wells

\_\_\_\_\_  
*(Print or type name of person signing contract)*

Title: Chief Legal Officer

\_\_\_\_\_  
*(Print or Type)*

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

Address: 499 Loma Alta Ave., Los Gatos, CA  
95030

**FOR COUNTY USE ONLY**

Approved as to Legal Form



\_\_\_\_\_  
Charles Phan, Supervising Deputy County  
Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance



\_\_\_\_\_  
Michael Shin, Administrative Manager

Date \_\_\_\_\_

Reviewed/Approved by Department



\_\_\_\_\_  
Joshua Dugas, Acting Director

Date \_\_\_\_\_

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Pacific Clinics
RU #	36EHTB
Contract # / RFP #	25-167
Address:	499 Loma Alta Ave
City, State, Zip Code:	Los Gatos, CA 95030
Date Form Completed:	2/6/2026
Prepared by:	Harry Vardanyan
Title:	Staff Finance Analyst

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Therapeutic Behavioral Services (TBS)**

FY 2025-2026  
January 1, 2026 to March 31, 2026

LINE #	MODE OF SERVICE SERVICE FUNCTION	15 (Outpatient)					TOTAL	
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (68)	Crisis Intervention (70)		
1	Distribution %	100.00%	1.00%	3.50%	20.00%	75.00%	0.50%	100.00%
<b>EXPENSES</b>								
2	SALARIES	1,806	6,321	36,117	135,440	903		180,586
3	BENEFITS	632	2,212	12,641	47,404	316		63,205
	<b>(2+3 must equal total staffing costs)</b>	<b>2,438</b>	<b>8,533</b>	<b>48,758</b>	<b>182,843</b>	<b>1,219</b>		<b>243,791</b>
4	OPERATING EXPENSES	812	2,842	16,242	60,907	406		81,209
5	TOTAL EXPENSES (2+3+4)	3,250	11,375	65,000	243,750	1,625		325,000
<b>AGENCY REVENUES</b>								
6	PATIENT FEES							0
7	PATIENT INSURANCE							0
8	MEDI-CARE							0
9	GRANTS/OTHER							0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0		0
11	CONTRACT AMOUNT (5-10)	3,250	11,375	65,000	243,750	1,625		325,000
<b>FUNDING</b>								
12	MEDI-CAL (FFP) Share %	50.00%	1,625	5,688	32,500	121,875	813	162,500
13	2011 Realignment Share %	50.00%	1,625	5,688	32,500	121,875	813	162,500
	FUNDING TOTAL	3,250	11,375	65,000	243,750	1,625		325,000
14	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0		0
15	STATE FUNDING (Including Realignment)	1,625	5,688	32,500	121,875	813		162,500
16	FEDERAL FUNDING	1,625	5,688	32,500	121,875	813		162,500
	TOTAL FUNDING	3,250	11,375	65,000	243,750	1,625		325,000
17	TARGET COST PER UNIT OF SERVICE	\$4.77	\$4.77	\$4.77	\$4.77	\$4.77		\$4.77
18	UNITS OF SERVICE	682	2,387	13,641	51,153	341		68,205

APPROVED:  
*Nadia Rich*  
Nadia Rich (Mar 2, 2026 11:49:56 PST)

03/02/2026 *Christopher M. Lukachie*

03/02/2026 *Jill Smith*

03/02/2026

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH PSAS

DATE

DBH PROGRAM MANAGER

DATE

Nadia Rich

Christopher Lukachie

Jill Smith

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH PSAS (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)





**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B**

FY 2025-2026  
January 1, 2026 to March 31, 2026

Prepared by: Harry Vardanyan  
Title: Staff Finance Analyst

Contractor Name: Pacific Clinics  
RU # 36HTB  
Contract # / RFP # 25-167  
Address: 499 Loma Alta Ave  
City, State, Zip Code: Los Gatos, CA 95030  
Date Form Completed: 46059

**Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	\$845	0%	\$0	100%	\$845
2 Travel & Mileage	\$6,970	0%	\$0	100%	\$6,970
3 Training	\$5,807	0%	\$0	100%	\$5,807
4 Other Direct Project Expenses	\$436	0%	\$0	100%	\$436
5 Supplies & Materials	\$1,162	0%	\$0	100%	\$1,162
6 Equipment & Licenses	\$2,903	0%	\$0	100%	\$2,903
7 Audit	\$232	0%	\$0	100%	\$232
8 Client Program Support	\$2,178	0%	\$0	100%	\$2,178
9 Rent	\$5,998	0%	\$0	100%	\$5,998
10 Telecommunications	\$2,319	0%	\$0	100%	\$2,319
11 Utilities	\$1,162	0%	\$0	100%	\$1,162
12 Repairs & Maintenance	\$2,904	0%	\$0	100%	\$2,904
13 Program Support and Related costs (Shared Cost)	\$1,162	0%	\$0	100%	\$1,162
14 Occupancy and Facility Related Costs (Shared Cost)	\$4,981	0%	\$0	100%	\$4,981
15 Insurance	\$4,250	0%	\$0	100%	\$4,250
16 Administrative Overhead (G&A, Shared Cost)	\$37,900	0%	\$0	100%	\$37,900
<b>SUBTOTAL B:</b>	\$98,209		\$0		\$81,209
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,056,373

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2025-2026  
January 1, 2026 to March 31, 2026

Prepared by: Harry Vardanyan  
Title: Staff Finance Analyst

Contractor Name: Pacific Clinics  
RU #: 36EHTB  
Contract # / RFP #: 25-167  
Address: 499 Loma Alta Ave  
City, State, Zip Code: Los Gatos, CA 95030  
Date Form Completed: 46059

**Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.**

ITEM	Justification of Cost
1 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Travel & Mileage	This includes but is not limited to: airfare, lodging for staff members and volunteers; Mileage reimbursement is paid at the prevailing federal rate to program services staff and program administrative staffs. Costs include travel to the clients home and necessary transportation of the children or their family by a staff member. Costs have been estimated based on historical trends.
3 Training	When appropriate for program needs, ongoing training includes professional development and training specific to the delivery of the program services, as well as other mandatory training such as First Aid and CPR, and necessary Agency trainings to meet compliance requirements. This includes both internal and external training. This also includes, but is not limited to related costs for parking, refreshments, instructor fees, and materials for trainings. Costs have been estimated based on historical trends.
4 Other Direct Project Expenses	This includes costs directly related to the program and its continued performance that are not directly supporting clients. Costs include, but are not limited to postage and shipping, subscriptions and other costs needed to support the program needs. Costs have been estimated based on historical trends.
5 Supplies & Materials	This includes, but is not limited to desk organizers, pens, paper, break room supplies and other office supplies and furnishings. Costs have been estimated based on historical trends.
6 Equipment & Licenses	This includes, but is not limited to the lease or purchase of equipment such as telephone systems, laptops, desktops, networking equipment, copiers, fax machines, postage machines, office equipment, system and software user licenses, and maintenance. Costs are estimated based on historical trends.
7 Audit	This includes annual audit expenses - ensuring all financial records are relevant, accurate, and in compliance with all laws and regulations. Costs are allocated between programs on the basis of salaries and wages without benefits, and have been estimated based on historical trends.
8 Client Program Support	This includes costs of providing supports to clients and their family members and caregivers. This includes, but is not limited to: goods, services, outing costs, and other tools necessary for clients' support.
9 Rent	This includes, but is not limited to office or building rent, as well as the costs of storage and file storage unit rental payments, and all costs associated with storing and retrieving client, personnel, or other files and records. Costs are estimated based on historical trends and local rent costs of comparable spaces.
10 Telecommunications	This includes land lines, broadband, and fax charges, as well as monthly cell phone service and wireless cards for laptop computers that enable the Agency to maintain a fully functional mobile workforce with the ability to delivery services anywhere. Costs are estimated based on historical trends.
11 Utilities	This includes, but is not limited to internet connectivity, gas, electricity, water, garbage & sewage, and pest control. Costs are estimated based on historical trends.
12 Repairs & Maintenance	This includes, but is not limited to common area maintenance on building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, security system upkeep, and in-house or outside equipment repair and labor. Costs are estimated based on historical trends and comparable agency facilities.
13 Program Support and Related costs (Shared Cost)	This includes administrative program support costs incurred by program support personnel, such as mileage, trainings, supplies, etc. These are costs that are shared for this region and are pooled and allocated to all applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program form the total program support.
14 Occupancy and Facility Related Costs (Shared Cost)	This includes costs such as building rent, depreciation, storage fees, leased copiers, fax machines, utilities, network connections, phone services, various fees and permits, facility repairs and maintenance, and other facility related costs. These are costs that are shared for this region and are allocated to the applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program from the total occupancy and facility related cost is approximately 7%.
15 Insurance	This includes general business liability and property coverage as well professional liability insurance. The estimated annual cost of insurance for the contract year is 1% of Agency total insurance costs.
16 Administrative Overhead (G&A, Shared Cost)	The Agency allocated indirect costs (general & administrative) of shared support departments such as Finance & Accounting, Human Resources, Clinical Administration, Executive Management, Information Technology, and Compliance. Indirect costs have been budgeted at 15% of total direct program expenses, which is consistent with recent trends and benchmarks. Costs include fees related to HIPPA compliance and clinical record audits, quality management oversight of Medi-Cal records, billing, risk management, and program fidelity, human resources support, MIS infrastructure & QI/UM department support and oversight, as well as executive management. These are costs that are shared and cannot be specifically identified as supporting one particular program/region and are pooled and allocated to all programs relative to the direct labor costs in each program. Indirect costs will not exceed 15% of direct costs.

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2025-2026  
January 1, 2026 to March 31, 2026

9.60%  
Rate Per Minute

Mode 15					
CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
\$ 4.77	\$ 4.77	\$ 4.77	\$ 4.77	\$ -	\$ 4.77

Contractor Name: Pacific Clinics  
 RU # 36EHTB  
 Contract # / RFP # 25-167  
 Address: 499 Loma Alta Ave  
 City, State, Zip Code: Los Gatos, CA 95030  
 Date Form Completed: 46059

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Mode 15						Clients Served		
			CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	Starting Census		24
			Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census						
Jul-25			-	-	-	-	-	-			24
Aug-25			-	-	-	-	-	-			24
Sep-25			-	-	-	-	-	-			24
Oct-25			-	-	-	-	-	-			24
Nov-25			-	-	-	-	-	-			24
Dec-25			-	-	-	-	-	-			24
Jan-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	6	2	28
Feb-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	6	2	32
Mar-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	4	2	34
Apr-26			-	-	-	-	-	-			34
May-26			-	-	-	-	-	-			34
Jun-26			-	-	-	-	-	-			34
<b>TOTAL</b>	<b>68,205</b>		<b>3,250</b>	<b>11,375</b>	<b>65,000</b>	<b>243,750</b>	<b>0</b>	<b>1,625</b>	<b>16</b>	<b>6</b>	
<b>Total Revenue</b>						<b>325,000.00</b>	<b>Unduplicated Clients Served</b>				<b>40</b>
<b>Estimated Cost Per Client:</b>										<b>\$8,125</b>	

	<b>Mode 15</b>						
	CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	<b>TOTAL</b>
<b>Total Minutes of Services</b>	682	2387	13641	51153	0	341.02	<b>68205</b>
<b>Total Monthly Minutes of Services (Average)</b>	57	199	1137	4263	0	28.42	<b>5684</b>
<b>Dosage (minutes) per client per month</b>	2	7	40	150	0	1.00	<b>201</b>
<b>Dosage (hours) per client per month</b>	0.03	0.12	0.67	2.51	0.00	0.02	<b>3.34</b>

Total Hours Per Unduplicated Client for Duration of the Program: 11.70

Avg Monthly Census	Expected Length of Program (months)
28	3.50

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Pacific Clinics
RU #	36EHTB
Contract # / RFP #	25-167
Address:	499 Loma Alta Ave
City, State, Zip Code:	Los Gatos, CA 95030
Date Form Completed:	6-Feb-26
Prepared by:	Harry Vardanyan
Title:	Staff Finance Analyst

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Therapeutic Behavioral Services (TBS)**

FY 2025-2026  
April 1 to June 30, 2026

LINE #	MODE OF SERVICE SERVICE FUNCTION	15 (Outpatient)					TOTAL	
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (68)	Crisis Intervention (70)		
1	Distribution %	100.00%	1.00%	3.50%	20.00%	75.00%	0.50%	100.00%
<b>EXPENSES</b>								
2	SALARIES	1,806	6,321	36,117	135,440	903		180,586
3	BENEFITS	632	2,212	12,641	47,404	316		63,205
	(2+3 must equal total staffing costs)	2,438	8,533	48,758	182,843	1,219		243,791
4	OPERATING EXPENSES	812	2,842	16,242	60,907	406		81,209
5	TOTAL EXPENSES (2+3+4)	3,250	11,375	65,000	243,750	1,625		325,000
<b>AGENCY REVENUES</b>								
6	PATIENT FEES							0
7	PATIENT INSURANCE							0
8	MEDI-CARE							0
9	GRANTS/OTHER							0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	3,250	11,375	65,000	243,750	1,625		325,000
<b>FUNDING</b>								
12	MEDI-CAL (FFP) Share %	50.00%	1,625	5,688	32,500	121,875	813	162,500
13	2011 Realignment	50.00%	1,625	5,688	32,500	121,875	813	162,500
	FUNDING TOTAL		3,250	11,375	65,000	243,750	1,625	325,000
14	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>		0	0	0	0	0	0
15	STATE FUNDING (Including Realignment)		1,625	5,688	32,500	121,875	813	162,500
16	FEDERAL FUNDING		1,625	5,688	32,500	121,875	813	162,500
	TOTAL FUNDING		3,250	11,375	65,000	243,750	1,625	325,000
17	TARGET COST PER UNIT OF SERVICE		\$4.77	\$4.77	\$4.77	\$4.77	\$4.77	
18	UNITS OF SERVICE		682	2,387	13,641	51,153	341	68,205

APPROVED:

*Nadia Rich*  
Nadia Rich (Mar 2, 2026 11:48:24 PST)

03/02/2026

*Christopher M. Lukachie*

03/02/2026

*Jill Smith*

03/02/2026

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH PSAS

DATE

DBH PROGRAM MANAGER

DATE

Nadia Rich

Christopher Lukachie

Jill Smith

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH PSAS (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)





**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B**

FY 2025-2026  
April 1 to June 30, 2026

Prepared by: Harry Vardanyan  
Title: Staff Finance Analyst

Contractor Name: Pacific Clinics  
RU # 36HTB  
Contract # / RFP # 25-167  
Address: 499 Loma Alta Ave  
City, State, Zip Code: Los Gatos, CA 95030  
Date Form Completed: 46059

**Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	\$845	0%	\$0	100%	\$845
2 Travel & Mileage	\$6,970	0%	\$0	100%	\$6,970
3 Training	\$5,807	0%	\$0	100%	\$5,807
4 Other Direct Project Expenses	\$436	0%	\$0	100%	\$436
5 Supplies & Materials	\$1,162	0%	\$0	100%	\$1,162
6 Equipment & Licenses	\$2,903	0%	\$0	100%	\$2,903
7 Audit	\$232	0%	\$0	100%	\$232
8 Client Program Support	\$2,178	0%	\$0	100%	\$2,178
9 Rent	\$5,998	0%	\$0	100%	\$5,998
10 Telecommunications	\$2,319	0%	\$0	100%	\$2,319
11 Utilities	\$1,162	0%	\$0	100%	\$1,162
12 Repairs & Maintenance	\$2,904	0%	\$0	100%	\$2,904
13 Program Support and Related costs (Shared Cost)	\$1,162	0%	\$0	100%	\$1,162
14 Occupancy and Facility Related Costs (Shared Cost)	\$4,981	0%	\$0	100%	\$4,981
15 Insurance	\$4,250	0%	\$0	100%	\$4,250
16 Administrative Overhead (G&A, Shared Cost)	\$37,900	0%	\$0	100%	\$37,900
<b>SUBTOTAL B:</b>	\$98,209		\$0		\$81,209
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,056,373

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE  
FY 2025-2026  
April 1 to June 30, 2026

Prepared by: Harry Vardanyan  
Title: Staff Finance Analyst

Contractor Name: Pacific Clinics  
RU #: 36EHTB  
Contract # / RFP #: 25-167  
Address: 499 Loma Alta Ave  
City, State, Zip Code: Los Gatos, CA 95030  
Date Form Completed: 46069

**Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.**

ITEM	Justification of Cost
1 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Travel & Mileage	This includes but is not limited to: airfare, lodging for staff members and volunteers. Mileage reimbursement is paid at the prevailing federal rate to program services staff and program administrative staffs. Costs include travel to the clients home and necessary transportation of the children or their family by a staff member. Costs have been estimated based on historical trends.
3 Training	When appropriate for program needs, ongoing training includes professional development and training specific to the delivery of the program services, as well as other mandatory training such as First Aid and CPR, and necessary Agency trainings to meet compliance requirements. This includes both internal and external training. This also includes, but is not limited to related costs for parking, refreshments, instructor fees, and materials for trainings. Costs have been estimated based on historical trends.
4 Other Direct Project Expenses	This includes costs directly related to the program and its continued performance that are not directly supporting clients. Costs include, but are not limited to postage and shipping, subscriptions and other costs needed to support the program needs. Costs have been estimated based on historical trends.
5 Supplies & Materials	This includes, but is not limited to desk organizers, pens, paper, break room supplies and other office supplies and furnishings. Costs have been estimated based on historical trends.
6 Equipment & Licenses	This includes, but is not limited to the lease or purchase of equipment such as telephone systems, laptops, desktops, networking equipment, copiers, fax machines, postage machines, office equipment, system and software user licenses, and maintenance. Costs are estimated based on historical trends.
7 Audit	This includes annual audit expenses - ensuring all financial records are relevant, accurate, and in compliance with all laws and regulations. Costs are allocated between programs on the basis of salaries and wages without benefits, and have been estimated based on historical trends.
8 Client Program Support	This includes costs of providing supports to clients and their family members and caregivers. This includes, but is not limited to: goods, services, outing costs, and other tools necessary for clients' support.
9 Rent	This includes, but is not limited to office or building rent, as well as the costs of storage and file storage unit rental payments, and all costs associated with storing and retrieving client, personnel, or other files and records. Costs are estimated based on historical trends and local rent costs of comparable spaces.
10 Telecommunications	This includes land lines, broadband, and fax charges, as well as monthly cell phone service and wireless cards for laptop computers that enable the Agency to maintain a fully functional mobile workforce with the ability to delivery services anywhere. Costs are estimated based on historical trends.
11 Utilities	This includes, but is not limited to internet connectivity, gas, electricity, water, garbage & sewage, and pest control. Costs are estimated based on historical trends.
12 Repairs & Maintenance	This includes, but is not limited to common area maintenance on building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, security system upkeep, and in-house or outside equipment repair and labor. Costs are estimated based on historical trends and comparable agency facilities.
13 Program Support and Related costs (Shared Cost)	This includes administrative program support costs incurred by program support personnel, such as mileage, trainings, supplies, etc. These are costs that are shared for this region and are pooled and allocated to all applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program from the total program support.
14 Occupancy and Facility Related Costs (Shared Cost)	This includes costs such as building rent, depreciation, storage fees, leased copiers, fax machines, utilities, network connections, phone services, various fees and permits, facility repairs and maintenance, and other facility related costs. These are costs that are shared for this region and are allocated to the applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program from the total occupancy and facility related cost is approximately 7%.
15 Insurance	This includes general business liability and property coverage as well professional liability insurance. The estimated annual cost of insurance for the contract year is 1% of Agency total insurance costs.
16 Administrative Overhead (G&A, Shared Cost)	The Agency allocated indirect costs (general & administrative) of shared support departments such as Finance & Accounting, Human Resources, Clinical Administration, Executive Management, Information Technology, and Compliance. Indirect costs have been budgeted at 15% of total direct program expenses, which is consistent with recent trends and benchmarks. Costs include fees related to HIPPA, compliance and clinical record audits, quality management oversight of Medi-Cal records, billing, risk management, and program fidelity, human resources support, MIS infrastructure & QI/UM department support and oversight, as well as executive management. These are costs that are shared and cannot be specifically identified as supporting one particular program/region and are pooled and allocated to all programs relative to the direct labor costs in each program. Indirect costs will not exceed 15% of direct costs.

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2025-2026  
April 1 to June 30, 2026

9.60%  
Rate Per Minute

Mode 15					
CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
\$ 4.77	\$ 4.77	\$ 4.77	\$ 4.77	\$ -	\$ 4.77

Contractor Name: Pacific Clinics  
 RU # 36EHTB  
 Contract # / RFP # 25-167  
 Address: 499 Loma Alta Ave  
 City, State, Zip Code: Los Gatos, CA 95030  
 Date Form Completed: 46059

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type						Clients Served			
			Mode 15						Starting Census		Monthly Census	
			CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)		
Jul-25			-	-	-	-	-	-			24	
Aug-25			-	-	-	-	-	-			24	
Sep-25			-	-	-	-	-	-			24	
Oct-25			-	-	-	-	-	-			24	
Nov-25			-	-	-	-	-	-			24	
Dec-25			-	-	-	-	-	-			24	
Jan-26			-	-	-	-	-	-			24	
Feb-26			-	-	-	-	-	-			24	
Mar-26			-	-	-	-	-	-			24	
Apr-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	6	2	28	
May-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	6	2	32	
Jun-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	4	2	34	
TOTAL	68,205		3,250	11,375	65,000	243,750	0	1,625	16	6		
			<b>Total Revenue</b>			<b>325,000.00</b>			<b>Unduplicated Clients Served</b>			<b>40</b>
									<b>Estimated Cost Per Client:</b>		<b>\$8,125</b>	

	<b>Mode 15</b>						
	CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	<b>TOTAL</b>
<b>Total Minutes of Services</b>	682	2387	13641	51153	0	341.02	<b>68205</b>
<b>Total Monthly Minutes of Services (Average)</b>	57	199	1137	4263	0	28.42	<b>5684</b>
<b>Dosage (minutes) per client per month</b>	2	8	44	165	0	1.10	<b>220</b>
<b>Dosage (hours) per client per month</b>	0.04	0.13	0.73	2.75	0.00	0.02	<b>3.67</b>

Total Hours Per Unduplicated Client for Duration of the Program: 12.83

Avg Monthly Census	Expected Length of Program (months)
26	3.50

SCHEDULE A - Planning Estimates

CalAim/Fee for Service

Contractor Name:	Pacific Clinics
RU #	36EHTB
Contract # / RFP #	25-167
Address:	499 Loma Alta Ave
City, State, Zip Code:	Los Gatos, CA 95030
Date Form Completed:	
Prepared by:	Harry Vardanyan
Title:	Staff Finance Analyst

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
**Therapeutic Behavioral Services (TBS)**

FY 2026-2027  
July 1, 2026 to December 31, 2026

LINE #	MODE OF SERVICE SERVICE FUNCTION	15 (Outpatient)					TOTAL	
		Case Management & ICC (01-09)	Mental Health Services (10-50)	Intensive Home Based Services (57)	TBS (68)	Crisis Intervention (70)		
1	Distribution %	100.00%	1.00%	3.50%	20.00%	75.00%	0.50%	100.00%
<b>EXPENSES</b>								
2	SALARIES	3,677	12,870	73,544	275,792	1,839		367,722
3	BENEFITS	1,287	4,505	25,740	96,527	644		128,702
	(2+3 must equal total staffing costs)	4,964	17,375	99,285	372,318	2,482		496,424
4	OPERATING EXPENSES	1,536	5,375	30,715	115,182	768		153,576
5	TOTAL EXPENSES (2+3+4)	6,500	22,750	130,000	487,500	3,250		650,000
<b>AGENCY REVENUES</b>								
6	PATIENT FEES							0
7	PATIENT INSURANCE							0
8	MEDI-CARE							0
9	GRANTS/OTHER							0
10	TOTAL AGENCY REVENUES (6+7+8+9)	0	0	0	0	0	0	0
11	CONTRACT AMOUNT (5-10)	6,500	22,750	130,000	487,500	3,250		650,000
<b>FUNDING</b>								
12	MEDI-CAL (FFP) Share %	50.00%	3,250	11,375	65,000	243,750	1,625	325,000
13	2011 Realignment	50.00%	3,250	11,375	65,000	243,750	1,625	325,000
	FUNDING TOTAL	6,500	22,750	130,000	487,500	3,250		650,000
14	NET COUNTY FUNDS (Local Cost) <b>MUST = ZERO</b>	0	0	0	0	0	0	0
15	STATE FUNDING (Including Realignment)	3,250	11,375	65,000	243,750	1,625		325,000
16	FEDERAL FUNDING	3,250	11,375	65,000	243,750	1,625		325,000
	TOTAL FUNDING	6,500	22,750	130,000	487,500	3,250		650,000
17	TARGET COST PER UNIT OF SERVICE	\$4.77	\$4.77	\$4.77	\$4.77	\$4.77		\$4.77
18	UNITS OF SERVICE	1,364	4,774	27,282	102,307	682		136,409

APPROVED:  
*Nadia Rich*  
Nadia Rich (Mar 2, 2026 11:49:18 PST)

03/02/2026 *Christopher M. Lukachie*

03/02/2026 *Jill Smith*

03/02/2026

PROVIDER AUTHORIZED SIGNATURE

DATE

DBH PSAS

DATE

DBH PROGRAM MANAGER

DATE

Nadia Rich

Christopher Lukachie

Jill Smith

PROVIDER AUTHORIZED SIGNER (PRINT NAME)

DBH PSAS (PRINT NAME)

DBH PROGRAM MANAGER (PRINT NAME)





**SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B**

FY 2026-2027

July 1, 2026 to December 31, 2026

Prepared by: Harry Vardanyan  
Title: Staff Finance Analyst

Contractor Name: Pacific Clinics  
 RU # 36EHTB  
 Contract # / RFP # 25-167  
 Address: 499 Loma Alta Ave  
 City, State, Zip Code: Los Gatos, CA 95030  
 Date Form Completed: \_\_\_\_\_

**Operating Expenses - Please list all operating costs charged to this program, including administrative support costs and management fees along with a detail explanation of the categories below.**

ITEM	TOTAL COST TO ORGANIZATION	% CHARGED TO OTHER FUNDING SOURCE	TOTAL COST TO OTHER FUNDING SOURCE	PERCENT CHARGED TO PROGRAM	TOTAL COST TO PROGRAM
1 External Database Fee (.26% of Contract)	\$1,690	0%	\$0	100%	\$1,690
2 Travel & Mileage	\$12,620	0%	\$0	100%	\$12,620
3 Training	\$11,615	0%	\$0	100%	\$11,615
4 Other Direct Project Expenses	\$871	0%	\$0	100%	\$871
5 Supplies & Materials	\$2,323	0%	\$0	100%	\$2,323
6 Equipment & Licenses	\$5,808	0%	\$0	100%	\$5,808
7 Audit	\$465	0%	\$0	100%	\$465
8 Client Program Support	\$4,356	0%	\$0	100%	\$4,356
9 Rent	\$8,996	0%	\$0	100%	\$8,996
10 Telecommunications	\$4,638	0%	\$0	100%	\$4,638
11 Utilities	\$1,742	0%	\$0	100%	\$1,742
12 Repairs & Maintenance	\$4,356	0%	\$0	100%	\$4,356
13 Program Support and Related costs (Shared Cost)	\$2,323	0%	\$0	100%	\$2,323
14 Occupancy and Facility Related Costs (Shared Cost)	\$7,473	0%	\$0	100%	\$7,473
15 Insurance	\$8,500	0%	\$0	100%	\$8,500
16 Administrative Overhead (G&A, Shared Cost)	\$75,799	0%	\$0	100%	\$75,799
<b>SUBTOTAL B:</b>	\$170,576		\$0		\$153,576
<b>GROSS COSTS TOTAL STAFFING AND OPERATING EXPENSES:</b>					\$1,146,425

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
BUDGET NARRATIVE

FY 2026-2027  
July 1, 2026 to December 31, 2026

Contractor Name: Pacific Clinics  
 RU # 36EHTB  
 Contract # / RFP # 25-167  
 Address: 499 Loma Alta Ave  
 City, State, Zip Code: Los Gatos, CA 95030  
 Date Form Completed: \_\_\_\_\_

Prepared by: Harry Vardanyan  
 Title: Staff Finance Analyst

**Budget Narrative for Operating Expenses. Explain each expense by line item. Provide an explanation for determination of all figures ( rate, duration, quantity, Benefits, FTE's, etc.) for example explain how overhead or indirect cost were calculated.**

ITEM	Justification of Cost
1 External Database Fee (.26% of Contract)	Participation in external database is a required aspect of program to facilitate focus of treatment services and reporting of outcomes.
2 Travel & Mileage	This includes but is not limited to: airfare, lodging for staff members and volunteers; Mileage reimbursement is paid at the prevailing federal rate to program services staff and program administrative staffs. Costs include travel to the clients home and necessary transportation of the children or their family by a staff member. Costs have been estimated based on historical trends.
3 Training	When appropriate for program needs, ongoing training includes professional development and training specific to the delivery of the program services, as well as other mandatory training such as First Aid and CPR, and necessary Agency trainings to meet compliance requirements. This includes both internal and external training. This also includes, but is not limited to related costs for parking, refreshments, instructor fees, and materials for trainings. Costs have been estimated based on historical trends.
4 Other Direct Project Expenses	This includes costs directly related to the program and its continued performance that are not directly supporting clients. Costs include, but are not limited to postage and shipping, subscriptions and other costs needed to support the program needs. Costs have been estimated based on historical trends.
5 Supplies & Materials	This includes, but is not limited to desk organizers, pens, paper, break room supplies and other office supplies and furnishings. Costs have been estimated based on historical trends.
6 Equipment & Licenses	This includes, but is not limited to the lease or purchase of equipment such as telephone systems, laptops, desktops, networking equipment, copiers, fax machines, postage machines, office equipment, system and software user licenses, and maintenance. Costs are estimated based on historical trends.
7 Audit	This includes annual audit expenses - ensuring all financial records are relevant, accurate, and in compliance with all laws and regulations. Costs are allocated between programs on the basis of salaries and wages without benefits, and have been estimated based on historical trends.
8 Client Program Support	This includes costs of providing supports to clients and their family members and caregivers. This includes, but is not limited to: goods, services, outing costs, and other tools necessary for clients' support.
9 Rent	This includes, but is not limited to office or building rent, as well as the costs of storage and file storage unit rental payments, and all costs associated with storing and retrieving client, personnel, or other files and records. Costs are estimated based on historical trends and local rent costs of comparable spaces.
10 Telecommunications	This includes land lines, broadband, and fax charges, as well as monthly cell phone service and wireless cards for laptop computers that enable the Agency to maintain a fully functional mobile workforce with the ability to delivery services anywhere. Costs are estimated based on historical trends.
11 Utilities	This includes, but is not limited to internet connectivity, gas, electricity, water, garbage & sewage, and pest control. Costs are estimated based on historical trends.
12 Repairs & Maintenance	This includes, but is not limited to common area maintenance on building charges, maintenance/building repair charges, HVAC maintenance and repair, landscaping, janitorial services, confidential paper shredding services, security system upkeep, and in-house or outside equipment repair and labor. Costs are estimated based on historical trends and comparable agency facilities.
13 Program Support and Related costs (Shared Cost)	This includes administrative program support costs incurred by program support personnel, such as mileage, trainings, supplies, etc. These are costs that are shared for this region and are pooled and allocated to all applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program from the total program support.
14 Occupancy and Facility Related Costs (Shared Cost)	This includes costs such as building rent, depreciation, storage fees, leased copiers, fax machines, utilities, network connections, phone services, various fees and permits, facility repairs and maintenance, and other facility related costs. These are costs that are shared for this region and are allocated to the applicable programs relative to the direct labor costs in each program. The total percentage allocated to this program from the total occupancy and facility related cost is approximately 7%.
15 Insurance	This includes general business liability and property coverage as well professional liability insurance. The estimated annual cost of insurance for the contract year is 1% of Agency total insurance costs.
16 Administrative Overhead (G&A, Shared Cost)	The Agency allocated indirect costs (general & administrative) of shared support departments such as Finance & Accounting, Human Resources, Clinical Administration, Executive Management, Information Technology, and Compliance. Indirect costs have been budgeted at 15% of total direct program expenses, which is consistent with recent trends and benchmarks. Costs include fees related to HIPPA compliance and clinical record audits, quality management oversight of Medi-Cal records, billing, risk management, and program fidelity, human resources support, MIS infrastructure & QI/UM department support and oversight, as well as executive management. These are costs that are shared and cannot be specifically identified as supporting one particular program/region and are pooled and allocated to all programs relative to the direct labor costs in each program. Indirect costs will not exceed 15% of direct costs.

SAN BERNARDINO COUNTY  
DEPARTMENT OF BEHAVIORAL HEALTH  
SCHEDULE B  
FY 2026-2027  
July 1, 2026 to December 31, 2026

19.20%  
Rate Per Minute

Mode 15					
CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)
Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate	Weighted Rate
\$ 4.77	\$ 4.77	\$ 4.77	\$ 4.77	\$ -	\$ 4.77

Contractor Name: Pacific Clinics  
 RU # 36EHTB  
 Contract # / RFP # 25-167  
 Address: 499 Loma Alta Ave  
 City, State, Zip Code: Los Gatos, CA 95030  
 Date Form Completed: \_\_\_\_\_

MONTH	Estimated Units of Service (Minutes)	Planned Clinical FTE's	Projected Revenue Generated by Service Type						Clients Served		
			Mode 15						Starting Census		
			CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	Admissions (Episodes Opened)	Discharges (Episodes Closed)	Monthly Census
Jul-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	4	2	36
Aug-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	8	6	38
Sep-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	8	6	40
Oct-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	8	6	42
Nov-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	4	2	44
Dec-26	22,735	7.00	1,083	3,792	21,667	81,250	-	542	4	2	46
Jan-27			-	-	-	-	-	-			46
Feb-27			-	-	-	-	-	-			46
Mar-27			-	-	-	-	-	-			46
Apr-27			-	-	-	-	-	-			46
May-27			-	-	-	-	-	-			46
Jun-27			-	-	-	-	-	-			46
<b>TOTAL</b>	<b>136,409</b>		<b>6,500</b>	<b>22,750</b>	<b>130,000</b>	<b>487,500</b>	<b>0</b>	<b>3,250</b>	<b>36</b>	<b>24</b>	<b>70</b>
			<b>Total Revenue 649,999.88</b>						<b>Unduplicated Clients Served</b>		
									<b>Estimated Cost Per Client:</b>		<b>\$9,286</b>

	<b>Mode 15</b>						
	CM&ICC (01-09)	MHS (10-50)	IHBS (57)	TBS (58)	MSS (60-69)	CI (70)	<b>TOTAL</b>
<b>Total Minutes of Services</b>	1364	4774	27282	102307	0	682.05	<b>136409</b>
<b>Total Monthly Minutes of Services (Average)</b>	114	398	2273	8526	0	56.84	<b>11367</b>
<b>Dosage (minutes) per client per month</b>	3	9	52	196	0	1.31	<b>261</b>
<b>Dosage (hours) per client per month</b>	0.04	0.15	0.87	3.27	0.00	0.02	<b>4.36</b>

Total Hours Per Unduplicated Client for Duration of the Program: 15.24

Avg Monthly Census	Expected Length of Program (months)
44	3.50



## Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

### **DEFINITIONS**

Actively supporting or opposing the matter: (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**Contractors must respond to the questions on the following pages. If a question does not apply respond N/A or Not Applicable.**

- 1. Name of Contractor: Pacific Clinics
- 2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?  
 Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5      No
- 3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: N/A
- 4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded (“closed corporation”), identify the major shareholder(s):  
N/A
- 5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
N/A	

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
N/A		

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
N/A		

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
N/A	

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No  If **no**, please skip Question No. 10.

Yes  If **yes**, please continue to complete this form.

10. Name of Board of Supervisor Member or other County elected officer: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.

**ATTACHMENT IV****FEDERAL CONTRACTING PROVISIONS**

Contractor shall comply with the following additional terms:

**A. Clean Air Act and the Federal Water Pollution Control Act (42 USC §§ 7401-7671q, 33 USC §§ 1251-1387.)**Clean Air Act

1. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

Federal Water Pollution Control Act

1. Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

**B. Procurement of Recovered Materials (45 CFR § 75.331)**

1. Contractor shall comply with the provisions of section 6002 of the Federal Solid Waste Disposal Act, as amended by the federal Resource conservation and Recovery Act, as the same may be amended, which include (but are not necessarily limited to): procuring only items designated in guidelines of the Environmental Protection Agency at 40 CFR Part 247 (as the same may be amended) that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired by the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the Environmental Protection Agency guidelines.
2. This provision does not apply if the items cannot be acquired—
  - a. Competitively within a timeframe providing compliance with the contract performance schedule.
  - b. Meeting contract performance requirements; or
  - c. At a reasonable price.
3. Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

4. The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

**C. Prohibited Telecommunications and Video Surveillance Equipment and Services (2 C.F.R. §200.216)**

Contractor certifies that it will not use contract funds to:

- (1) Procure or obtain covered telecommunications equipment or services;
- (2) Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

“Covered telecommunications equipment or services” means those equipment and services defined at 2 C.F.R. §200.16(b).

**D. Domestic Preference for Procurements (2 C.F.R. § 200.322)**

Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

**E. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352 (as amended))**

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to the County any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

*[certification continued on next page]*

**ANTI- LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. The Contractor, Pacific Clinics, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

Kim M. Wells, Chief Legal Officer  
Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Date