

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



Contract Number
22-183 A-1

SAP Number

Human Services

Department Contract Representative	<u>Maria Tucci, Contracts Analyst</u>
Telephone Number	<u>(909) 387-2806</u>
Contractor	<u>Melissa Cardenas</u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u>March 26, 2022 through March 25, 2026</u>
Original Contract Amount	<u>Initial Hourly Rate \$35.68</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>Current Hourly Rate \$44.96</u>
Cost Center	<u>4980002240</u>
Grant Number (if applicable)	<u>N/A</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

San Bernardino County (County), In-Home Supportive Services Public Authority (IHSS PA), and Melissa Cardenas (Contractor) agree to amend Contract No. 22-183, as follows:

SECTION III. TERM is amended to read as follows:

This Contract shall be effective March 26, 2022, and shall remain in effect through March 25, 2026, subject to the termination provisions below. The Executive Director of IHSS PA is authorized to execute amendments to the Contract to extend the term for a maximum of two (2) successive one (1) year periods. Notwithstanding the foregoing, either party may terminate this Contract at any time, without cause, with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County. Contractor shall serve at the pleasure of the appointing authority, who shall have the full authority and discretion to exercise County rights under this paragraph.

All other terms and conditions of Contracts No. 22-183 remain in full force and effect.

This Amendment No. 1 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 No. 1. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 1 (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 No. 1 upon request.

IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

Signed by: Roxanne Young
 Roxanne J. Young, Executive Director of In-Home Supportive Services Public Authority
 Dated: 2/26/2025

SAN BERNARDINO COUNTY

Signed by: Roxanne Young
 Roxanne J. Young, Executive Director of In-Home Supportive Services Public Authority
 Dated: 2/26/2025

By Melissa Cardenas
 (Authorized signature - sign in blue ink)
 Name Melissa Cardenas
 (Print or type name of person signing contract)
 Title Administrative Supervisor I
 (Print or Type)
 Dated: 2/11/2025
 Address On file

FOR COUNTY USE ONLY

Approved as to Legal Form Signed by: <u>Scott Runyan</u> Scott Runyan, Principal Assistant County Counsel Date <u>2/5/2025</u>	Reviewed for Contract Compliance DocuSigned by: <u>Patty Steven</u> Patty Steven, Contracts Manager Date <u>2/18/2025</u>	Reviewed/Approved by Department _____ Date _____
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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: In-Home Supportive Services Public Authority (IHSS PA)

Contact Name: Maria Tucci

Telephone: (909) 387-2806

Agreement No.: 22-183 Amendment No.: 1 Date of Board Item 3/15/22 Board Item No.: 60

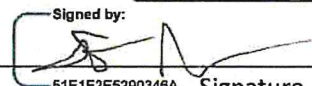
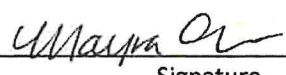
Name of Contract Entity/Project Name: Melissa Cardenas

Explanation of request/Special Instructions:

IHSS PA and San Bernardino County are requesting to execute Amendment No. 1, exercising the option to extend the contract an additional one year with no change to the annual contract amount (with the exception of increases for cost of living and appropriate step increases). The Executive Director of In-Home Supportive Services' signature is required for the extension of the employment contract with Melissa Cardenas, Administrative Supervisor I, through the delegation of authority authorized by the board on March 15, 2022 (Item No. 60). The estimated annual cost of the contract is \$144,053 (\$95,749 Salary, \$48,304 Benefits) for the period of March 26, 2025 to March 25, 2026.

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: 1/24/25
Reviewing County Counsel Use Only	Review Date <u>1/27/2025</u> Signed by:  51E1F2E5290346A. Signature	Determination: ☒ Within Scope of Delegated Authority ☐ Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date <u>2/21/2025</u>  Signature	Disposition: ☒ Route for signature to: ____ Chair ____ CEO ☒ Department ____ Return to Department for preparation of agenda item

CLERK OF THE
BOARD OF SUPERVISORS
2025 MAR -5 PM 8:18
SAN JUAN DEL RIO COUNTY
CLERK