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



Contract Number
24-313 A-1

SAP Number 4400024680

Children and Family Services

Department Contract Representative Amanda Figueroa **Telephone Number** (909) 386-8146

Contractor Walden Environment, Inc., dba Walden Family Services

Contractor Representative Sue Evans **Telephone Number** (951) 788-5905

April 10, 2024 through June 30, Contract Term

2025

Original Contract Amount \$1,100,000 **Amendment Amount** N/A \$1,100,000

Total Contract Amount

Cost Center Grant Number (if applicable)

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 24-313, as follows:

SECTION F. FISCAL PROVISION

Amend Paragraph 2 to read as follows:

Contractor shall be paid under a fee-for-service method at the rate of \$2,900.00 per month for nonparenting placements, prorated, and \$3,300.00 per month for parenting placements, prorated, for the Scattered site Model and \$2,500.00 per month, prorated, for the Host Family Model. Contractor is paid for the day the young adult enters the program but not the day out. Contractor is required to submit a monthly placement report along with the invoice. Monthly invoices shall be submitted by the tenth (10th) of each month following the month of service.

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All other terms and conditions of Contracts No. 24-313 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.

SAN BERNARDINO COUNTY		Walden Environment, Inc., dba Walden Family Services		
		(Print or type name of corporation, company, contractor, etc.)		
•		By ►		
Dawn Rowe, Chair, Board of Supervisors			(Authorized signature - sign in blue ink)	
Dated:		Name S	ue Evans	
SIGNED AND CERTIFIED THAT A COPY OF THIS			(Print or type name of person signing contract)	
DOCUMENT HAS BEEN DELIVERED TO	TO THE			
CHAIRMAN OF THE BOARD		Title Chief Operations Manager		
Lynna Monell Clerk of the Board of Supervisors San Bernardino County			(Print or Type)	
Ву		Dated:		
Deputy				
		Address	3576 Arlington Avenue, Suite 106	
		Riverside, CA 92506		
FOR COUNTY USE ONLY				
Approved as to Legal Form	Reviewed for Contract Compliance		Reviewed/Approved by Department	
>	•		>	
Daniella V. Hernandez, Deputy County Counsel	Patty Steven, Contracts Manager		Jeany Glasgow, Director	
Date	Date		Date	

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