



**Contract Number**

18-589 A-1

**SAP Number**

**Auditor-Controller/Treasurer/Tax  
Collector**

<b>Department Contract Representative</b>	Rowena Barcelona-Nuqui
<b>Telephone Number</b>	(909) 382-7046
<b>Contractor</b>	Labyrinth Solutions, Inc dba LSI Consulting
<b>Contractor Representative</b>	Nader Tirandazi
<b>Telephone Number</b>	(858) 342-6665
<b>Contract Term</b>	8/7/2018 – 6/30/2023
<b>Original Contract Amount</b>	\$12,500,000
<b>Amendment Amount</b>	\$ 2,543,600
<b>Total Contract Amount</b>	\$15,043,600
<b>Cost Center</b>	3401901000

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

Section 1. Paragraph F.2 of Contract No. 18-589 (the "Contract") is amended to read as follows:

**F. FISCAL PROVISIONS**

F.2 The maximum amount of payment under this Contract shall not exceed an aggregate amount of \$15,043,600 for all selected contractors during the five-year period; shall not exceed an aggregate amount of \$3,520,000 for the fiscal year ending June 30, 2020, \$4,023,600 for the fiscal year ending June 30, 2021, and \$2,500,000 for the fiscals year ending June 30, 2022, and June 30, 2023, for all selected contractors per County fiscal year; and shall be subject to availability of other funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Section 2. All other terms and conditions of the Contract shall remain in full force and effect.

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

COUNTY OF SAN BERNARDINO

▶  
\_\_\_\_\_  
Curt Hagman, Chairman, 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  
of the County of San Bernardino

By \_\_\_\_\_  
Deputy

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

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

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

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

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

Address \_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

▶  
\_\_\_\_\_  
Julie Surber, Principal Assistant County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

▶  
\_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

▶  
\_\_\_\_\_  
Ensen Mason, Auditor-Controller/Treasurer/Tax Collector

Date \_\_\_\_\_