



Contract Number

20-1157 A-1

SAP Number

Board of Supervisors

Department Contract Representative Stephenie Shea
Telephone Number 387-4919

Contractor Laura Mancha (hereinafter called "Contractor")

Contractor Representative _____
Telephone Number On File

Contract Term _____

Original Contract Amount _____

Amendment Amount _____

Total Contract Amount _____

Cost Center 1005001000

IT IS HEREBY AGREED AS FOLLOWS:

Effective June 5, 2021, Contract No. 20-1157 is hereby amended as follows:

ADD, Subsection K. PORTABLE COMMUNICATION DEVICE ALLOWANCE to SECTION IV. COMPENSATION OF CONTRACTOR, with the following:

IV. COMPENSATION OF CONTRACTOR

K. PORTABLE COMMUNICATION DEVICE ALLOWANCE
CONTRACTOR shall receive a bi-weekly portable communication device allowance of \$92.31. With written approval of the Fifth District Supervisor, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication device (increases or decreases), but any increase shall not exceed the maximum amount allowable for the Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of Contract No. 20-1157 and all amendments remain unchanged and are incorporated herein by this reference.

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

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

By ▶ _____
(Authorized signature - sign in blue ink)

Name Laura Mancha
(Print or type name of person signing contract)

Title Community Services Liaison – Fifth District
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ _____
Cynthia O'Neill, Principal Assistant County
Counsel

Date _____

Reviewed for Contract Compliance
▶ _____

Date _____

Reviewed/Approved by Department
▶ _____

Date _____