

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



Contract Number

SAP Number

### Department of Behavioral Health

Department Contract Representative \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Contractor \_\_\_\_\_  
 Contractor Representative \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Contract Term \_\_\_\_\_  
 Original Contract Amount \_\_\_\_\_  
 Amendment Amount \_\_\_\_\_  
 Total Contract Amount \_\_\_\_\_  
 Cost Center \_\_\_\_\_

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and (insert contractor's name here) referenced above, hereinafter called Contractor.

**IT IS HEREBY AGREED AS FOLLOWS:**

**WITNESSETH:**

IN THAT CERTAIN **Contract No. XX-XXX** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for (**Project Name or Description of services**), which Contract first became effective **XXXX XX, 20XX**, the following changes are hereby made and agreed to, effective **March 1, 2020**:

- I. ARTICLE **XX** **NAME OF ARTICLE**, paragraph **X** is hereby revised to read as follows:
  - X. Payments will be settled to actual costs, subject to final settlement and audit by DHCS for allowable costs, but not to exceed contract budget amount per fiscal year.

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request:

COUNTY OF SAN BERNARDINO  
DEPARTMENT OF BEHAVIORAL HEALTH

► \_\_\_\_\_  
Veronica Kelley, Director

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

**APPROVED AS TO LEGAL FORM  
COUNTY COUNSEL**

By \_\_\_\_\_  
Dawn Martin, Deputy County Counsel

\_\_\_\_\_  
*(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 \_\_\_\_\_

\_\_\_\_\_