

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



Contract Number  
21-624 A-1

SAP Number

### Preschool Services Department

<b>Department Contract Representative</b>	N. Michelle Petersen
<b>Telephone Number</b>	909-386-8369
<b>Email Address</b>	<a href="mailto:nancy.petersen@hss.sbcounty.gov">nancy.petersen@hss.sbcounty.gov</a> or <a href="mailto:hsasdcontractsunit@hss.sbcounty.gov">hsasdcontractsunit@hss.sbcounty.gov</a>

<b>Contractor</b>	Hi-Desert Memorial Health Care District dba Morongo Basin Healthcare District
<b>Contractor Representative</b>	Janeen Duff
<b>Telephone Number</b>	760-820-9240
<b>Contract Term</b>	September 1, 2021, through August 31, 2026
<b>Original Contract Amount</b>	N/A
<b>Amendment Amount</b>	N/A
<b>Total Contract Amount</b>	N/A
<b>Cost Center</b>	5911012220
<b>Grant Number (if applicable)</b>	N/A

IT IS HEREBY AGREED AS FOLLOWS:

**AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 21-624, as follows:

**SECTION IX. TERM**

Section IX is amended to read as follows:

This Contract is effective as of September 1, 2021, and is extended from its expiration date of August 31, 2024, to expire on August 31, 2026, but may be terminated earlier in accordance with the provisions of Section X of the Contract.

**SECTION X. EARLY TERMINATION**

Is amended to add Paragraph C to read as follows:

- C. The Contractor may terminate the Contract without cause by the Contractor serving a written notice to the Preschool Services Department (PSD) thirty (30) days in advance of the termination. This provision of early termination shall expire on December 31, 2024.

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

All other terms and conditions of Contract No. 21-624 remain in full force and effect.

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

SAN BERNARDINO COUNTY

*Dawn Rowe*  
Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 06 2024  
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  
San Bernardino County

By *[Signature]*  
Deputy

MORONGO BASIN HEALTHCARE DISTRICT

(Print or type name of corporation, company, contractor, etc.)  
DocuSigned by:  
By *[Signature]*  
(Authorized signature - sign in blue ink)

Name Cindy Schmall  
(Print or type name of person signing contract)

Title Chief Executive Officer  
(Print or Type)

Dated: 7/17/2024

Address 6530 La Contenta Road, Suite 100  
Yucca Valley, CA 92284

FOR COUNTY USE ONLY

Approved as to Legal Form  
DocuSigned by:  
*Adam Eloright*  
Adam Eloright, Deputy County Counsel  
Date 7/17/2024

Reviewed for Contract Compliance  
DocuSigned by:  
*Patty Steven*  
Patty Steven, Contracts Manager  
Date 7/17/2024

Reviewed/Approved by Department  
DocuSigned by:  
*Arlene Molina*  
Arlene Molina, Assistant Director  
Preschool Services Department  
Date 7/17/2024