



Contract Number

24-923 A-2

SAP Number

Department of Behavioral Health

Department Contract Representative	Melissa Malcom
Telephone Number	(909) 388-0951
Contractor	Victor Community Support Services, Inc.
Contractor Representative	Edward Hackett
Telephone Number	(530) 230-1218
Contract Term	October 1, 2024 through June 30, 2028
Original Contract Amount	\$22,495,665
Amendment Amount	\$ 230,000
Total Contract Amount	\$22,725,665
Cost Center	9202901000
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

San Bernardino County (County) and Victor Community Support Services, Inc. (Contractor) hereby agree to amend **Contract No. 24-923** as follows:

- I. ARTICLE V Funding and Budgetary Restrictions, paragraph J is hereby amended and paragraph K is hereby added to read as follows:
 - J. The maximum financial obligation under this contract shall not exceed \$22,725,665 for the contract term.
 - K. Contractor shall adhere to the Schedules A and B which will be submitted to, and approved by, the Director of DBH or designee for each fiscal year during the contract term.
- II. Schedules A & B – Planning Estimates & Program Budget are hereby removed for 2025-26 through 2027-28. All previously approved schedules remain in effect.

III. All other terms, conditions and covenants of Contract No. 24-923 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.

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

SAN BERNARDINO COUNTY

Victor Community Support Services, Inc.

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

►

Dawn Rowe, Chair, Board of Supervisors

By ►

(Authorized signature - sign in blue ink)

Dated: _____

Name Edward Hackett

(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Title Chief Financial Officer

(Print or Type)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

Dated: _____

1360 E. Lassen Avenue
Address: Chico, CA 95973

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Dawn Martin, Deputy County Counsel

►

Michael Shin, Administrative Manager

►

Joshua Dugas, Acting Director

Date _____

Date _____

Date _____