



Contract Number

25-143 A-1

SAP Number

Department of Aging and Adult Services – Public Guardian

Department Contract Representative	Ivy Zhang
Telephone Number	909-387-2806
Contractor	Grand Canyon University
Contractor Representative	Alicia Burns, Ed.D. CONHCP/CHSS/CCOB/COT Office of Field Experience AVP, ABSN Operations
Telephone Number	(602) 639-7256
Contract Term	March 11, 2025 through March 10, 2027
Original Contract Amount	Non-Financial
Amendment Amount	N/A
Total Contract Amount	Non-Financial
Cost Center	N/A
Grant Number (if applicable)	N/A

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 25-143, as follows:

SECTION VI. TERM

Amend Section VI. to read as follows:

This contract is effective as of March 11, 2025, and expires on March 10, 2027, unless mutually terminated earlier in accordance with provisions of Section VII of this agreement. The Contract term may be extended for three (3) additional one (1) year periods by mutual agreement of the parties.

All other terms and conditions of Contract No. 25-143 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.

SAN BERNARDINO COUNTY

Grand Canyon University
College of Humanities and Social Sciences
(Print or type name of corporation, company, contractor, etc.)

►

Dawn Rowe, Chair, Board of Supervisors

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

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

Name Cheryl McAuliffe, Ph.D., LMSW
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title Director of Social Work
(Print or Type)

By _____
Deputy

Dated: _____

Address 3300 Camelback Road
Phoenix, AZ 85017

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

Name Anna Edgeston, EdD, LPC-MHSP
(Print or type name of person signing contract)

Assistant Dean, Associate Professor
Title Graduate Counseling, CHSS
(Print or Type)

Dated: _____

Address 3300 Camelback Road
Phoenix, AZ 85017

FOR COUNTY USE ONLY

Approved as to Legal Form
►

Jacqueline Carey-Wilson, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►

Lisa Rivas-Ordaz, Contracts Manager
Date _____

Reviewed/Approved by Department
►

Sharon Nevins, Director
Date _____