

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



Contract Number

18-386 A-5

SAP Number

4400008800

Department of Behavioral Health

Department Contract Representative	Tamela Hutchinson
Telephone Number	909-388-0861
Contractor	Victor Community Support Services
Contractor Representative	Ed Hackett
Telephone Number	860-402-4967
Contract Term	July 1, 2018 through March 31, 2025
Original Contract Amount	\$35,765,772
Amendment Amount	\$2,036,129
Total Contract Amount	\$37,801,901
Cost Center	SAP 9203242200; SATS 9207091000

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Victor Community Support Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 18-386** by and between San Bernardino County, a political subdivision of the State of California, and Contractor for Comprehensive Treatment Services: Student Assistance Program (SAP) and School-Aged Treatment Services (SATS), which Contract first became effective July 1, 2018, the following changes are hereby made and agreed to:

- I. ARTICLE IV FUNDING and BUDGETARY RESTRICTIONS, paragraph K is hereby amended to read as follows:

- K. The contract amendment amount of \$2,036,129 shall increase the total contract amount from \$35,765,772 to \$37,801,901 for the contract term.
- II. ARTICLE XIII DURATION and TERMINATION, paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2018 through March 31, 2025 inclusive.

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

SAN BERNARDINO COUNTY

Dawn Rowe, Chair, 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 San Bernardino County

By _____
Deputy

(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 1360 East Lassen Avenue
Chico, CA 95973

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
<p>► _____ Dawn Martin, Deputy County Counsel</p>	<p>► _____ Ellayna Hoatson, Contracts Supervisor</p>	<p>► _____ Georgina Yoshioka, Director</p>
Date _____	Date _____	Date _____