



Contract Number

15-491 A-3

SAP Number

4400005669

Probation Department

Department Contract Representative	John Greswit
Telephone Number	(909) 388-0255
Contractor	Family Service Agency of San Bernardino
Contractor Representative	Patrice Cormican
Telephone Number	(909) 866-6737
Contract Term	07/01/15 through 06/30/20
Original Contract Amount	\$225,000
Amendment Amount	\$50,000
Total Contract Amount	\$275,000
Cost Center	4821001000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend contract No. 15-491, effective August 21, 2019, as follows:

V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$275,000, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

All other terms and conditions of Contract No. 15-491 remain in full force and effect.

COUNTY OF SAN BERNARDINO

►

Curt Hagman, Chairman, 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 the County of San Bernardino

By _____
Deputy

Family Service Agency of San Bernardino

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

By ►

(Authorized signature - sign in blue ink)

Name Patrice J. Cormican, MBA, MSA

(Print or type name of person signing contract)

Title President / CEO

(Print or Type)

Dated: _____

Address 1669 North E Street

San Bernardino, CA 92405

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Carol A. Greene, Supervising Deputy County
Counsel

Date _____

Reviewed for Contract Compliance

►

Jennifer Mulhall-Daudel, Contract Compliance

Date _____

Reviewed/Approved by Department

►

Michelle Scray Brown, Chief Probation Officer

Date _____