



Contract Number

20-1084 A-2

SAP Number

Board of Supervisors

Department Contract Representative Stephenie Shea
Telephone Number 387-4919

Contractor Edward Chavez (hereinafter called "Contractor")

Contractor Representative _____
Telephone Number On File

Contract Term _____

Original Contract Amount _____

Amendment Amount _____

Total Contract Amount _____

Cost Center 1005001000

IT IS HEREBY AGREED AS FOLLOWS:

Effective June 5, 2021, Contract No. 20-1084 is hereby amended as follows:

ADD, Subsection G. PORTABLE COMMUNICATION DEVICE ALLOWANCE to SECTION IV. COMPENSATION OF CONTRACTOR, with the following:

IV. COMPENSATION OF CONTRACTOR

G. PORTABLE COMMUNICATION DEVICE ALLOWANCE

CONTRACTOR shall receive a bi-weekly portable communication device allowance of \$92.31. With written approval of the Fifth District Supervisor, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication device (increases or decreases), but any increase shall not exceed the maximum amount allowable for the Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of Contract No. 20-1084 and all amendments remain unchanged and are incorporated herein by this reference.

COUNTY OF SAN BERNARDINO

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

▶

Curt Hagman, Chairman, 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 Edward Chavez
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

Title Chief of Staff- Fifth District
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ _____
Cynthia O'Neill, Principal Assistant County
Counsel
Date _____

Reviewed for Contract Compliance
▶ _____
Date _____

Reviewed/Approved by Department
▶ _____
Date _____