



**Contract Number**

**83-881 A-1**

**SAP Number**

## San Bernardino County Flood Control District

<b>Department Contract Representative</b>	<u>Aimee Westrom</u>
<b>Telephone Number</b>	<u>(909) 387-1873</u>
<b>Contractor</b>	<u>San Bernardino County</u>
<b>Contractor Representative</b>	<u></u>
<b>Telephone Number</b>	<u></u>
<b>Contract Term</b>	<u>December 12, 1983 until terminated by either party with 90 days' written notice</u>
<b>Original Contract Amount</b>	<u>Non-Financial</u>
<b>Amendment Amount</b>	<u>Non-Financial</u>
<b>Total Contract Amount</b>	<u>Non-Financial</u>
<b>Cost Center</b>	<u></u>
<b>Grant Number (if applicable)</b>	<u></u>

### IT IS HEREBY AGREED AS FOLLOWS:

**Amendment No. 1 to  
Agreement No. 83-881  
Between San Bernardino County Flood Control District and  
San Bernardino County**

San Bernardino County Flood Control District (DISTRICT) and San Bernardino County (COUNTY), hereby seek to enter into Amendment No. 1 to amend Agreement (Agreement) No. 83-881 as follows:

1. ADD paragraph 5 on page 3 under "COUNTY SHALL":
5. Provide COUNTY Auditor-Controller/Treasurer/Tax Collector (ATC) Services as follows:
  - a. COUNTY shall provide the following ATC services to DISTRICT under this Agreement:
    - i. Accounts Payable / General Accounting. ATC shall process for DISTRICT transactions for disbursements, reimbursements, deposits and adjustments to DISTRICT's fund(s);

calculate DISTRICT Indirect Cost Rate Proposals (ICRPs) annually; and permit DISTRICT access to COUNTY Enterprise Resource Planning (ERP) system.

- ii. Audit Support. DISTRICT acknowledges that, as a component unit of the COUNTY, DISTRICT must obtain an external audit opinion on its financial statements each fiscal year. ATC shall provide DISTRICT the financial reports necessary to complete this task.
  - iii. Disbursing/Reporting Agent. COUNTY, through its ATC, shall serve as DISTRICT's disbursing and reporting agent for payments processed through COUNTY systems.
  - b. Charges. Accounting services as outlined in Section 5.a will be charged to DISTRICT on a quarterly basis by ATC, as established by the County's State of California–approved Countywide Cost Allocation Plan (COWCAP). Charges will be adjusted annually to reflect the County's then-current State of California–approved COWCAP, and such adjustments shall constitute an automatic amendment to this Agreement. General Accounting will also issue direct billing for audit confirmations and fair market value interest adjustments.
2. 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 signatures 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.
  3. All other terms of Agreement No. 83-881 shall remain unchanged.

**WITNESS WHEREOF**, this Amendment No. 1, has been fully executed on behalf of **DISTRICT** and **COUNTY** by their duly authorized representatives.

**SAN BERNARDINO COUNTY FLOOD CONTROL DISTRICT**

► \_\_\_\_\_  
Dawn Rowe, Chair

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

By \_\_\_\_\_  
Deputy

**SAN BERNARDINO COUNTY**

By ► \_\_\_\_\_  
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  
San Bernardino County

By \_\_\_\_\_  
Deputy

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by District
► _____ Sophie A. Curtis, Deputy County Counsel	► _____ Andy Silao, P.E.	► _____ Noel Castillo, Chief Flood Control Engineer
Date _____	Date _____	Date _____