



Contract Number

16-407 A-3

SAP Number

4400009490

Department of Behavioral Health

Department Contract Representative	Sandra Becerra
Telephone Number	(909) 388-0856
Contractor	Uplift Family Services
Contractor Representative	Maria Murillo
Telephone Number	(909) 266-2713
Contract Term	July 1, 2016 – June 30, 2021
Original Contract Amount	\$19,050,000
Amendment Amount	\$5,550,000
Total Contract Amount	\$24,600,000
Cost Center	9206352200 and 9206362200

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 16-407 by and between the County, political subdivision of State of California, and the Contractor for wraparound mental health services, which first became effective July 1, 2016, the contract is hereby amended as follows, effective July 1, 2020:

- I. Article IV Funding and Budgetary Restrictions, Paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$4,500,000 per fiscal year for fiscal years 2016-17, 2017-18, and 2018-19 and shall not exceed \$5,550,000 for fiscal years 2019-20 and 2020-21. This amendment shall increase the total contract from \$19,050,000 to \$24,600,000. All previously approved Budget Schedules remain in effect. The Revised Comprehensive Children and Family Support Services (CCFSS) Schedules A and B for fiscal year 2020-21 will be submitted to, and approved by, the Director or designee at a later date.
- 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, 2016 through June 30, 2021 inclusive.
- III. All other terms, conditions, and covenants in the basic agreement 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

Uplift Family Services

(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 _____

FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Dawn Martin, Deputy County Counsel	► Natalie Kesssee, Contracts Manager	► Veronica Kelley, Director
Date _____	Date _____	Date _____