



Contract Number

18-589 A-2

SAP Number

Auditor-Controller/Treasurer/Tax Collector

Department Contract Representative	Rowena Barcelona-Nuqui
Telephone Number	(909) 382-7046
Contractor	Labyrinth Solutions, Inc dba LSI Consulting
Contractor Representative	Nader Tirandazi
Telephone Number	(858) 342-6665
Contract Term	8/7/2018 – 6/30/2023
Original Contract Amount	\$12,500,000
Amendment Amount	\$1,532,600
Total Contract Amount	\$16,576,200
Cost Center	3401901000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

Section 1. Paragraph F.2 of Contract No. 18-589 (the "Contract") is amended to read as follows:

F. FISCAL PROVISIONS

F.2 The maximum amount of payment under this Contract shall not exceed an aggregate amount of \$16,576,200 for all selected contractors during the five-year period; shall not exceed an aggregate amount of \$2,500,000 for the fiscal year ending June 30, 2019, \$3,520,000 for the fiscal year ending June 30, 2020, \$4,023,600 for the fiscal year ending June 30, 2021, \$4,032,600 for the fiscal year ending June 30, 2022, and \$2,500,000 for the fiscal year ending June 30, 2023, for all selected contractors; and shall be subject to availability of other 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.

Section 2. All other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

►

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
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 _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Kristina M. Robb, Principal Assistant County
Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Ensen Mason, Auditor-Controller/Treasurer/Tax
Collector

Date _____