



Contract Number

16-08 A8

SAP Number

440000567

Sheriff/Coroner/Public Administrator

Department Contract Representative

Kelly Welty, Chief Deputy Director
of Sheriff's Administration

Telephone Number

(909) 387-0640

Contractor

Liberty Healthcare Corporation

Contractor Representative

Kevin Rice

Telephone Number

(800) 331-7122

Contract Term

01/12/2016 – 04/11/2022

Original Contract Amount

\$73,734,486

Amendment Amount

\$ 5,712,669

Total Contract Amount

\$79,447,155

Cost Center

4424601000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT No. 8

Contract No. 16-08 for the provision of comprehensive mental health and programming services in the County's detention facilities by Liberty Healthcare Corporation is hereby amended effective January 12, 2022 as follows:

- (1) To amend Section C – Term and Termination, by deleting the first sentence of the provision and replacing it as follows:

This Agreement shall commence January 12, 2016 and continue until April 11, 2022 ("Term") but may be terminated earlier in accordance with the provisions of the Agreement.

- (2) To amend Section D – Consideration, by deleting the first sentence of the provision and replacing it as follows:

The maximum amount of payment under this Agreement shall not exceed \$79,447,155 for the Term of the Agreement unless amended by the Board of Supervisors.

- (3) Replace the current Schedule A – Pricing referred to in Section D – Consideration, with a new Schedule A – Pricing attached hereto and incorporated herein by reference.

Except as amended, all other terms and conditions of this Agreement remain as stated therein.

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

►
Richard D. Luczak, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

►
Kelly Welty, Chief Deputy Director of Sheriff's
Administration

Date _____