



Contract Number

14-613 A-8

SAP Number

N/A

Department of Public Health

Department Contract Representative	Michael Shin, HS Contracts
Telephone Number	(909) 386-8146
Contractor	City of Highland
Contractor Representative	Lawrence Mainez, Community Development Director
Telephone Number	(909) 864-8732
Contract Term	07/01/14 through 06/30/23
Original Contract Amount	\$3,577,728
Amendment Amount	\$467,172
Total Contract Amount	\$4,044,900
Cost Center	9300261000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 8

It is hereby agreed to amend Contract No. 14-613, effective July 1, 2022, as follows:

Section III. Fiscal Provisions, amend Paragraph A to read as follows:

- A. The maximum amount of reimbursement under this Contract shall not exceed \$4,044,900. The consideration to be paid to County, as provided herein, shall be full payment for all County's services and expenses incurred in the performance hereof, including travel and per diem. The maximum amount is a total dollar amount that includes the original contract amount and all subsequent amendments, broken down as follows:

Original Contract	\$436,202	July 1, 2014 through June 30, 2015
Amendment No. 1	\$436,202	July 1, 2015 through June 30, 2016
Amendment No. 2	\$436,202	July 1, 2016 through June 30, 2017
Amendment No. 3	\$444,926	July 1, 2017 through June 30, 2018
Amendment No. 4	\$444,926	July 1, 2018 through June 30, 2019
Amendment No. 5	\$444,926	July 1, 2019 through June 30, 2020
Amendment No. 6	\$467,172	July 1, 2020 through June 30, 2021
Amendment No. 7	\$467,172	July 1, 2021 through June 30, 2022
Amendment No. 8	\$467,172	July 1, 2022 through June 30, 2023

Section V. Term is amended to read as follows:

This Contract is effective as of July 1, 2014, and is extended from its amended expiration date of June 30, 2022, to expire on June 30, 2023, but may be terminated earlier in accordance with provisions of Section VI of the Contract.

All other terms and conditions of Contract No. 14-613 remain in full force and effect.

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

City of Highland

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

By ► _____
(Authorized signature - sign in blue ink)

Name _____
Larry McCallon
(Print or type name of person signing contract)

Title _____
Mayor
(Print or Type)

Dated: _____

Address _____
27215 Base Line

Highland, CA 92346

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Daniel Pasek, Deputy County Counsel	► Patty Steven, HS Contracts Manager	► Joshua Dugas, Director
Date _____	Date _____	Date _____