



Contract Number

19-99 A-3

SAP Number

Department of Aging and Adult Services

Department Contract Representative	<u>Karyn Baxter</u>
Telephone Number	<u>909-386-8369</u>
Contractor	<u>Bronell Ingram</u>
Contractor Representative	<u></u>
Telephone Number	<u></u>
Contract Term	<u>March 16, 2019 – March 15, 2024</u>
Original Contract Amount	<u>Initial Hourly Rate \$14.00 per hour</u>
Amendment Amount	<u></u>
Total Contract Amount	<u>Current Hourly Rate \$16.50</u>
Cost Center	<u>3000041</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3:

It is hereby agreed to amend Contract No. 19-99, effective June 3, 2023, as follows:

SECTION IV. COMPENSATION OF CONTRACTOR

A. Salary Rate is amended to read as follows:

Contractor shall be compensated for services at a rate of \$16.50 per hour, not to exceed fifty (50) hours per pay period unless expressly authorized. Contractor does not gain probationary or regular status during the term of this Contract. Payment for services shall be made bi-weekly during the term specified in Section III of this Contract.

The Director of Aging and Adult Services Department shall have discretion in initiating salary increases to ensure compliance with state minimum wage standards.

All other items and conditions of Contract No. 19-99 remain in full force and effect.

This Contract 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 Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature 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 Contract upon request.

SAN BERNARDINO COUNTY

►

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

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

Name Bronell Ingram
(Print or type name of person signing contract)

Senior Community Service Employment
Title Program Administrative Aide
(Print or Type)

Dated: _____

Address On file

FOR COUNTY USE ONLY

Approved as to Legal Form
►

Cynthia O'Neill, Principal Assistant County
Counsel
Date _____

Reviewed for Contract Compliance
►

Patty Steven, Contract Manager
Date _____

Reviewed/Approved by Department
►

Sharon Nevins, Director of Aging and Adult
Services
Date _____