



Contract Number

22-473 A-1

SAP Number

4400019710

Department of Behavioral Health

Department Contract Representative	<u>Diana Barajas</u>
Telephone Number	<u>(909) 388-0862</u>
Contractor	<u>Inland Valley Recovery Services</u>
Contractor Representative	<u>Tina Hughes</u>
Telephone Number	<u>(909) 932-1069</u>
Contract Term	<u>July 1, 2022 through June 30, 2027</u>
Original Contract Amount	<u>\$4,769,000</u>
Amendment Amount	<u>\$57,000</u>
Total Contract Amount	<u>\$4,826,000</u>
Total Aggregate Contract Term	<u>July 1, 2022 through June 30, 2024</u>
Total Aggregate Amount – For Clients referred by CFS	<u>\$1,600,000</u>
Cost Center	<u>1018511000</u>

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 22-473** by and between San Bernardino County, a political subdivision of the State of California, and Inland Valley Recovery Services for Early Intervention Outpatient Treatment, Intensive Outpatient Treatment and Recovery Services, which Contract first became effective July 1, 2022, the following changes are hereby made and agreed to:

- I. ARTICLE V FUNDING, paragraphs K and L, are hereby amended to read as follows:
 - K. The contract amendment amount of \$57,000 shall increase the total contract amount from \$4,769,000 to \$4,826,000 for the contract term. Separately, there is an additional aggregate funding amount of \$1,600,000 that may be applied (but not necessarily ensured) for any client referred from San Bernardino County Children and Family Services for fiscal years 2022-23 and 2023-24.
 - L. The revised Schedules A and B for fiscal years 2022-23 and 2023-24 will be submitted to, and approved by, the Director or designee at a later date. All previously approved schedules remain in effect.

II. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

SAN BERNARDINO COUNTY

Inland Valley Recovery Services

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

►

Dawn Rowe, Chair, Board of Supervisors

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

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

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

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
► _____
Dawn Martin, County Counsel
Date _____

Reviewed for Contract Compliance
► _____
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
► _____
Georgina Yoshioka, Director
Date _____