



Contract Number

22-200 A-3

SAP Number

Department of Public Health

Department Contract Representative	Jacqueline Ambrose
Telephone Number	(909) 387-8869
Contractor	St. Mary's Medical Center
Contractor Representative	Rosa Ramirez
Telephone Number	(760) 946-8145
Contract Term	March 15, 2022, through May 31, 2024
Original Contract Amount	\$1,250,000
Amendment Amount	N/A
Total Contract Amount	\$1,250,000
Cost Center	9300291000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend contract No. 22-200, effective May 31, 2023, as follows:

Section VIII. Term is amended to read as follows:

This Contract is effective as of March 15, 2022, and is extended from the original expiration date of May 31, 2023, to expire May 31, 2024, but may be terminated earlier in accordance with provisions of this Contract.

All other terms and conditions of Contract No. 22-200 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

St. Mary's Medical Center

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

By ►

(Authorized signature - sign in blue ink)

Name _____
Randall Castillo

(Print or type name of person signing contract)

Title _____
Chief Executive Officer

(Print or Type)

Dated: _____

Address _____
18300 Highway 18

Apple Valley, CA 92392

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Adam Ebright, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Patty Steven, Contracts Manager

Date _____

Reviewed/Approved by Department

►

Joshua Dugas, Director

Date _____