



**Contract Number**

15-491 A-3

**SAP Number**

4400005669

**Probation Department**

|   |   |
|---|---|
| <b>Department Contract Representative</b> | John Greswit                            |
| <b>Telephone Number</b>                   | (909) 388-0255                          |
| <b>Contractor</b>                         | Family Service Agency of San Bernardino |
| <b>Contractor Representative</b>          | Patrice Cormican                        |
| <b>Telephone Number</b>                   | (909) 866-6737                          |
| <b>Contract Term</b>                      | 07/01/15 through 06/30/20               |
| <b>Original Contract Amount</b>           | \$225,000                               |
| <b>Amendment Amount</b>                   | \$50,000                                |
| <b>Total Contract Amount</b>              | \$275,000                               |
| <b>Cost Center</b>                        | 4821001000                              |

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 3**

It is hereby agreed to amend contract No. 15-491, effective August 21, 2019, as follows:

**V. FISCAL PROVISIONS**

Paragraph A is amended to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$275,000, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

**All other terms and conditions of Contract No. 15-491 remain in full force and effect.**

COUNTY OF SAN BERNARDINO

►

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  
of the County of San Bernardino

By \_\_\_\_\_  
Deputy

Family Service Agency of San Bernardino

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

By ►

(Authorized signature - sign in blue ink)

Name Patrice J. Cormican, MBA, MSA

(Print or type name of person signing contract)

Title President / CEO

(Print or Type)

Dated: \_\_\_\_\_

Address 1669 North E Street

San Bernardino, CA 92405

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

Carol A. Greene, Supervising Deputy County  
Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►

Jennifer Mulhall-Daudel, Contract Compliance

Date \_\_\_\_\_

Reviewed/Approved by Department

►

Michelle Scray Brown, Chief Probation Officer

Date \_\_\_\_\_