

Contract Number

17-80 A-3

SAP Number 4400010326

Department of Public Health

Department Contract Representative Lisa Ordaz, Contracts Analyst **Telephone Number** (909) 388-0222 Contractor County of Riverside, Department of Public Health **Contractor Representative** Richard Lee **Telephone Number** (951) 358-5307 03/01/2017 - 02/28/2021 **Contract Term Original Contract Amount** \$2,382,707 **Amendment Amount** \$785.468 **Total Contract Amount** \$3,168,175

9300371000

IT IS HEREBY AGREED AS FOLLOWS:

Cost Center

AMENDMENT NO. 3

It is hereby agreed to amend Contract No. 17-80, effective August 21, 2019, as follows:

V. FISCAL PROVISIONS

Amend Section V, Paragraph A, to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$3,168,175, of which \$3,168,175 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination. Additionally, the contract amount is subject to change based upon reevaluation of funding priorities by the IEHPC. Contractor will be notified in writing of any change in funding amounts. 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. It includes the original contract amount and all subsequent amendments and is broken down as follows:

Original Contract \$2,310,945 March 1, 2017 through February 29, 2020 Amendment No. 1 \$40,424 (increase) March 1, 2017 through February 28, 2018

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Amendment No. 1	\$14,924 (increase) March 1, 2018 through February 28, 2019
Amendment No. 1	\$14,924 (increase) March 1, 2019 through February 29, 2020
Amendment No. 2	\$1,490 (increase) March 1, 2018 through February 29, 2020
Amendment No. 3	(\$14,617) (decrease) March 1, 2019 through February 29, 2020
Amendment No. 3	\$800,085 (increase) March 1, 2020 through February 28, 2021

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2017 through February 28, 2018	\$810,739
March 1, 2018 through February 28, 2019	\$757,266
March 1, 2019 through February 29, 2020	\$800,085*
March 1, 2020 through February 28, 2021	\$800,085**
Total	\$3,168,175

^{*}This amount includes a decrease of \$14,617.

VIII. TERM

Amend Section VIII to read as follows:

This Contract is effective as of March 1, 2017, and is extended from its original expiration date of February 29, 2020, to expire on February 28, 2021, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one additional one-year period by mutual agreement of the parties.

ATTACHMENTS

ATTACHMENT A - Add SCOPE OF WORK - Part A for 2019-20

ATTACHMENT B - Add SCOPE OF WORK MAI for 2019-20

ATTACHMENT H2 - Add RYAN WHITE PROGRAM BUDGET AND ALLOCATION PLAN for 2019-20

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^{**}This amount includes an increase of \$800,085.

All other terms and conditions of Contract No. 17-80 remain in full force and effect.

COUNTY OF SAN BERNARDINO

COUNTY OF SAN BERNARDINO		County of Riverside, Department of Public Health (Print or type name of corporation, company, contractor, etc.)		
>		By ►		
Curt Hagman, Chairman, Board of Supervisors		(Authorized signature - sign in blue ink)		
Dated:		Name Kevin Jeffries		
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE			(Print or type name of person signing contract)	
CHAIRMAN OF THE BOARD		Title Chairman, Board of Supervisors		
	l pard of Supervisors of San Bernardino		(Print or Type)	
By		Dated:		
De	puty		P.O. Box 7600	
			Riverside, CA 92503	
FOR COUNTY USE ONLY				
Approved as to Legal Form	Reviewed for Contract	t Compliance	Reviewed/Approved by Department	
Adam Ebright, County Counsel	Jennifer Mulhall-Daude	el, HS Contracts	Trudy Raymundo, Director	
Date	Date		Date	

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