#### THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



#### **Contract Number**

16-645 A-1

**SAP Number** N/A

# **Preschool Services Department**

Department Contract RepresentativeJeff D'AvanzoTelephone Number(909) 386-8314

ContractorWest Coast University Inc.Contractor RepresentativeTraci Duda, MSN/Ed, RNTelephone Number(626) 890-5948Contract TermAugust 24, 2016 - August 31, 2021Original Contract AmountN/AAmendment AmountN/ATotal Contract AmountN/ACost CenterN/A

## IT IS HEREBY AGREED AS FOLLOWS:

## **AMENDMENT NO. 1**

It is hereby agreed to amend this Agreement (Contract No. 16-645), effective August 21, 2019, as follows:

#### Section III. is amended to read as follows:

This Agreement shall become effective on August 24, 2016, and is extended from its current expiration of August 23, 2019, to expire on August 31, 2021, provided, however, it may be terminated by either party after giving the other party 30 days advance written notice of its intention to so terminate; provided further, however, that any such termination by the Department shall not be effective, at the election of the School, as to any satisfactorily performing student who, at the date of mailing of said notice by the Department was satisfactorily participating in said program, until such student has completed the program for the then current academic quarter or semester.

Written notice, issued pursuant to this Paragraph III by the Department, shall be sent by registered mail to the School faculty member in charge of the program and a copy of said notice shall be sent to the undersigned School representative identified in Paragraph IV, below.

Written notice, issued pursuant to this Paragraph III by the School, shall be sent by registered mail to the Director of the Department.

Standard Contract Page 1 of 2

All other terms and conditions of this Agreement (Contract No. 16-645) remain in full force and effect.

COUNTY OF SAN BERNARDINO

COUNTY OF SAN BERNARDING		West Coast University Inc.	
		(Print or type	e name of corporation, company, contractor, etc.)
<b>&gt;</b>		Ву _►	
Curt Hagman, Chairman, Board of Supervisors		-, <u></u>	(Authorized signature - sign in blue ink)
Dated:		Name	Traci Duda, MSN/Ed, RN
SIGNED AND CERTIFIED THAT A COPY OF THIS			(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD		Title	Manager, Clinical Relations
Lynna Monell Clerk of the Board of Supervisors of the County of San Bernardino			(Print or Type)
Зу		Dated:	
ByDeputy		Address	2855 East Guasti Road
			Ontario, CA 91761
DR COUNTY USE ONLY			
oproved as to Legal Form	Reviewed for Contract Compliance		Reviewed/Approved by Department
•	▶		<b>•</b>
dam Ebright, Deputy County Counsel	Jennifer Mulhall-Daudel, Contracts Manager		Phalos Haire, Director Preschool Services Department
	Date		

Revised 3/14/19 Page 2 of 2