



**Contract Number**

19-98 A-1

**SAP Number**

## Board of Supervisors

<b>Department Contract Representative</b>	Stephenie Shea
<b>Telephone Number</b>	387-4919
<b>Contractor</b>	Evelyn Estrada (hereinafter called "Contractor")
<b>Contractor Representative</b>	
<b>Telephone Number</b>	On File
<b>Contract Term</b>	
<b>Original Contract Amount</b>	
<b>Amendment Amount</b>	
<b>Total Contract Amount</b>	
<b>Cost Center</b>	1005001000

### IT IS HEREBY AGREED AS FOLLOWS:

Effective August 17, 2019, Contract No. 19-98 is hereby amended as follows:

ADD, SECTION IV. COMPENSATION OF CONTRACTOR, Subsection Q. PORTABLE COMMUNICATION DEVICE ALLOWANCE, as follows:

- Q. PORTABLE COMMUNICATION DEVICE ALLOWANCE  
CONTRACTOR shall receive a bi-weekly portable communication device allowance of \$92.31. With written approval of the Fifth District Supervisor, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication device (increases or decreases), but any increase shall not exceed the maximum amount allowable for the Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of this Contract No. 19-98 and all amendments remain unchanged and are incorporated herein by this reference.

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

Evelyn Estrada  
\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

By \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name Evelyn Estrada  
\_\_\_\_\_  
(Print or type name of person signing contract)

Title Constituent Services Representative – Fifth  
District  
\_\_\_\_\_  
(Print or Type)

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

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► _____, Supervising Deputy County Counsel	► _____	► _____
Date _____	Date _____	Date _____