



Contract Number

14-173 A-2

SAP Number

Board of Supervisors

| | |
|---|--|
| Department Contract Representative | Stephenie Shea |
| Telephone Number | 387-4919 |
| Contractor | Laura Mancha (hereinafter called "Contractor") |
| Contractor Representative | |
| Telephone Number | On File |
| Contract Term | |
| Original Contract Amount | |
| Amendment Amount | |
| Total Contract Amount | |
| Cost Center | 1005001000 |

IT IS HEREBY AGREED AS FOLLOWS:

Effective August 17, 2019, Contract No. 14-173 is hereby amended as follows:

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

- F. 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. 14-173 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

Laura Mancha

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

By _____
(Authorized signature - sign in blue ink)

Name Laura Mancha

(Print or type name of person signing contract)

Title Community Services Liaison – Fifth District

(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►
_____, Supervising Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Date _____