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



Contract Number

19-98 A-1

SAP Number

Board of Supervisors

Department Contract Representative Telephone Number	Stephenie Shea 387-4919
Contractor	Evelyn Estrada (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. 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	Evelyn Est	rada
11411	(Print or t	ype name of corporation, company, contractor, etc.)
E W Hym	Ву 🗐	ello Excel
Curt Hagman, Chairman Board of Superv	isors	(Authorized signature - sign in blue ink)
Dated:	Name	Evelyn Estrada
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		onstituent Services Representative – Fifth
A Promising		istrict
Lynna Monell	1	(Print or Type)
Clerk of the Board of S		
of the County of San B	ernardino	
By A A	Dated:	
Deputy	8	
The state of the s	Addices	
RDINO C		
OUNTARY	-	
FOR COUNTY USE ONLY	B	
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
, Supervising Deputy County Counsel	<u> </u>	
, Supervising Deputy County County		
Date 8/15/19	Date	Date

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COUNTY OF SAN BERNARDING	Evelyn E	strada
104111	(Print o	r type name of corporation, company, contractor, etc.)
Curt Hagman, Chairman, Board of Supervi	isors By	Authorized signature - sign in blue ink)
Dated:	Name	Evelyn Estrada
SIGNED AND CERTIFIED THAT A COPY		(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD		Constituent Services Representative – Fifth
B. Comments &	Title _	District
Lynna Monell Clerk of the Board of Su	un digoro	(Print or Type)
By Deputy		
1RDINO CO	Addres	S
FOR COUNTY USE ONLY		
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
, Supervising Deputy County Counsel	<u> </u>	
Date 8/15/19	Date	Date