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

Contract Number

16-330 A-2

SAP Number 4400000409

Children and Family Services

Department Contract Representative	Karol Hamman
Telephone Number	909-388-0215

Contractor Contractor Representative Telephone Number Contract Term Original Contract Amount Amendment Amount Total Contract Amount Cost Center
 Jeffrey Ordaz Tutoring Services

 Jeffrey Ordaz

 (909) 583-1541

 07/01/2016 through 06/30/2021

 \$700,000 aggregate

 \$175,000 aggregate

 \$875,000 aggregate

 501703100

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2:

It is hereby agreed to amend Contract No. 16-330, effective July 1, 2020, as follows:

SECTION V. FISCAL PROVISIONS

SAN BERNARDINO

OUNT

Amend Paragraph A to read as follows:

A. The aggregate amount of payment under this Contract is a combined total for all Tutoring Services Contractors identified in the corresponding Board Agenda Item and together shall not exceed \$875,000 and shall not exceed a combined total of \$175,000 annually. The \$875,000 may be federally and state funded, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

SECTION VIII. TERM

Amend Section to read as follows:

This Contract is effective as of July 1, 2016 and is extended from its expiration date of June 30, 2020, to expire on June 30, 2021, but may be terminated earlier in accordance with provision of Section IX of the Contract.

All other terms and conditions of Contract No. 16-330 remain in full force and effect.

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

	daz Tutoring Services
(Print or typ	e name of corporation, company, contractor, etc.,
By 🖻	
	(Authorized signature - sign in blue ink)
Name J	effrey Ordaz
	(Print or type name of person signing contract)
Title Sol	e Proprietor
	(Print or Type)
Dated:	
Address	2281 Mentone Boulevard
	Mentone, CA 92359

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►

Michael Markel, Principal Assistant County Counsel

Date _____

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Jennifer Mulhall-Daudel, HS Contracts Unit

Marlene Hagen, Director

Date _____

►

Date _____