



Contract Number

16-334 A-2

SAP Number

4400000442

Children and Family Services

Department Contract Representative	Karol Hamman
Telephone Number	909-388-0215
Contractor	Professional Tutors of America, Inc.
Contractor Representative	Robert Gordon
Telephone Number	(714) 784-3454
Contract Term	07/01/2016 through 06/30/2021
Original Contract Amount	\$700,000 aggregate
Amendment Amount	\$175,000 aggregate
Total Contract Amount	\$875,000 aggregate
Cost Center	501703100

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2:

It is hereby agreed to amend Contract No. 16-334, effective July 1, 2020, as follows:

SECTION V. FISCAL PROVISIONS

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. 16-334 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

Professional Tutors of America, Inc.

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

By ►

(Authorized signature - sign in blue ink)

Name Robert Gordon

(Print or type name of person signing contract)

Title Chief Executive Officer

(Print or Type)

Dated: _____

Address 3350 East Birch Street, Suite 201

Brea, CA 92821

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Michael Markel, Principal Assistant County
Counsel

Date _____

Reviewed for Contract Compliance

►

Jennifer Mulhall-Daudel, HS Contracts Unit

Date _____

Reviewed/Approved by Department

►

Marlene Hagen, Director

Date _____