



Contract Number

16-422 A-2

SAP Number

4400007341

Probation Department

Department Contract Representative	John Greswit
Telephone Number	(909) 388-0255
Contractor	Professional Tutors of America, Inc.
Contractor Representative	Robert Harraka
Telephone Number	(714) 671-0181
Contract Term	07/01/16 through 06/30/21
Original Contract Amount	\$800,000 Aggregate
Amendment Amount	N/A
Total Contract Amount	\$800,000 Aggregate
Cost Center	4821001000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

It is hereby agreed to amend contract No. 16-422, effective July 1, 2020, as follows:

VIII. TERM

Section VIII is amended to read as follows:

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

XII. ELECTRONIC SIGNATURE

Section XII is hereby added as follows:

This Contract may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The Contractor and County shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party

providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

All other terms and conditions of Contract No. 16-422 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 Harraka

(Print or type name of person signing contract)

Title Director

(Print or Type)

Dated: _____

Address 3350 E. Birch Street, Suite 108

Brea, CA 92821

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Jamie Ryan, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Jennifer Mulhall-Daudel, Contract Compliance

Date _____

Reviewed/Approved by Department

►

Michelle Scray Brown, Chief Probation Officer

Date _____