



Contract Number

15-495 A-3

SAP Number

4400005675

Probation Department

Department Contract Representative	John Greswit
Telephone Number	(909) 388-0255
Contractor	Victor Valley Family Resource Center
Contractor Representative	Sharon Green
Telephone Number	(760) 669-0300
Contract Term	07/01/15 through 06/30/21
Original Contract Amount	\$92,000
Amendment Amount	N/A
Total Contract Amount	\$92,000
Cost Center	4821001000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend contract No. 15-495, effective July 1, 2020, as follows:

VIII. TERM

Section VIII. TERM is amended to read as follows:

This Contract is effective as of July 1, 2015, 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.

XI. CONCLUSION

Section XI. CONCLUSION, Paragraph C is amended to read as follows:

- C. 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 parties 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.

Section XI. CONCLUSION is amended to add Paragraph D as follows:

- D. **IN WITNESS WHEREOF**, the Board of Supervisors of the County of San Bernardino has caused this Contract to be subscribed to by the Clerk thereof, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officers, the day, month and year written.

All other terms and conditions of Contract No. 15-495 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

Victor Valley Family Resource Center

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

By ►

(Authorized signature - sign in blue ink)

Name Sharon Green

(Print or type name of person signing contract)

Title Chief Executive Officer

(Print or Type)

Dated: _____

Address PO Box 1248

Victorville, CA 92393

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 _____