



Contract Number

16-411 A-4

SAP Number

10005276

Department of Behavioral Health

Department Contract Representative	Bishoy Bestawros
Telephone Number	(909) 388-0856
Contractor	Inland Valley Drug and Alcohol Recovery Services, Inc.
Contractor Representative	Tina Hughes
Telephone Number	(909) 932-1069
Contract Term	July 1, 2016 – June 30, 2021
Original Contract Amount	\$2,014,608
Amendment Amount	\$503,652
Total Contract Amount	\$2,518,260
Cost Center	1018611000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Inland Valley Drug and Alcohol Recovery Services, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-411** by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor provision of Substance Use Disorder Recovery Services Perinatal Services, which Contract first became effective July 1, 2016 the following changes are hereby made and agreed to, effective July 1, 2020:

- I. ARTICLE IV Funding paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$503,652 per fiscal year for term of this contract. This amendment shall increase the total contract amount from \$2,014,608 to \$2,518,260. All previously approved Budget Schedules remain in effect. The Schedules A and B for fiscal year 2020-21 will be submitted to, and approved by, the Director or designee at a later date.
- II. ARTICLE XV DURATION AND TERMINATION paragraph A is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2016 through June 30, 2021 inclusive.

III. All other terms, conditions and covenants in the basic agreement remain in full force and effect.

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

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

Inland Valley Drug and Alcohol Recovery
Services, Inc.

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

By _____
(Authorized signature - sign in blue ink)

Name _____
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Dawn Martin, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Natalie Kessee, Contracts Manager

Date _____

Reviewed/Approved by Department

►

Veronica Kelley, Director

Date _____