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



Co	ntra	ct	Mir	mk	۱Ar
CU	111111	CL	ИU	TTIE	ær

16-409 A-3

SAP Number

Department of Behavioral Health

Department Contract Representative Telephone Number Contractor

Contractor Representative Telephone Number Contract Term Original Contract Amount Amendment Amount Total Contract Amount Cost Center

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and High Desert Child, Adolescent and Family Services, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-409** 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 <u>Funding</u> paragraph K is hereby amended to read as follows:
 - K. The maximum financial obligation under this contract shall not exceed \$456,123 per fiscal year for term of this contract. This amendment shall increase the total contract amount from \$1,824,492 to \$2,280,615. 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 <u>DURATION AND TERMINATION</u> 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 BERNARDING	Services, Inc.			
NAM!	(Print or type name of corporation, company, contractor, etc.)			
· Cut Ham	By Shannon Baird			
Curt Hagman, Chairman, Board of Supervisors	(Authorized signature - sign in blue ink)			
Dated: JUN 2 3 2029	Shannon Baird Name			
SIGNED AND CERTIFIED THAT A COPY OF THIS	(Print or type name of person signing contract)			
DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD	Title Executive Director (Print or Type) 6/3/2020 Dated:			
Lynna Monell				
Clerk of the Board of Supervisors of the County of San Bernardino By				
Deputy	Address 16248 Victor St. Victorville Ca. 923			
ARDINO COURSE	16248 Victor St. Victorville Ca. 92395			
FOR COUNTY USE ONLY				
Approved as to ledgel Form Pawn Martin	Reviewed Approved by Department Vironica Elley			
Dawn Markin, Deputy County Counsel 6/3/2020 Date Natalie Kessee, Contracts M 6/3/2020 Date	Veronica Reliey, Director 6/3/2020 Date			
Revised 04-10-19	Page 2 of 2			

High Desert Child, Adolescent and Family

COUNTY OF SAN BERNARDINO