



Contract Number

16-199 A-2

SAP Number

4100051562

Preschool Services Department

Department Contract Representative	Jeff D'Avanzo
Telephone Number	(909) 386-8314
Contractor	Dr. Bergin Psychotherapy Family Services, PC dba Dr. Bergin Family Counseling Services
Contractor Representative	Sue Wisneski
Telephone Number	(951) 684-6684
Contract Term	July 1, 2016 - September 30, 2021
Original Contract Amount	\$425,000
Amendment Amount	\$100,000
Total Contract Amount	\$525,000
Cost Center	5912022220

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 16-199, effective September 16, 2020, as follows:

SECTION V. FISCAL PROVISIONS

Section V., Paragraph A. is amended to read as follows:

The maximum amount of payment under this Contract shall not exceed \$525,000, 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 all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

SECTION 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 September 30, 2021, but may be terminated earlier in accordance with provisions of Section IX of this Contract.

SECTION XI. CONCLUSION

Amend Paragraph C 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.

Add Paragraph D to read 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. 16-199 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

Dr. Bergin Psychotherapy Family Services, PC dba
Dr. Bergin Family Counseling Services
(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name Aine Bergin, Psy.D., LMFT
(Print or type name of person signing contract)

Title _____
(Print or Type)

Dated: _____

Address 6800 Indiana Ave.Suite #130

Riverside, CA 92506

FOR COUNTY USE ONLY

Approved as to Legal Form

►
Adam Ebright, County Counsel

Date _____

Reviewed for Contract Compliance

►
Jennifer Mulhall-Daudel, Contracts Manager

Date _____

Reviewed/Approved by Department

►
Phalos Haire, Director,
Preschool Services Department

Date _____