



**Contract Number**

15-269 A-2

**SAP Number**

## County Administrative Office

**Department Contract Representative**  
**Telephone Number**

Stephenie Shea  
387-4919

**Contractor**

William L. Gilbert (hereinafter called  
"Contractor")

**Contractor Representative**  
**Telephone Number**

On File

**Contract Term**

**Original Contract Amount**

**Amendment Amount**

**Total Contract Amount**

**Cost Center**

### IT IS HEREBY AGREED AS FOLLOWS:

Effective November 21, 2020, Contract No. 15-269 is hereby amended as follows:

#### REPLACE SECTION III. TERM with the following:

##### III. TERM

This contract shall be effective no later than July 6, 2015, and shall remain in effect through July 10, 2026. Notwithstanding the foregoing, the County may terminate this Contract at any time without cause with a ninety (90) day prior written notice to the other party. Contractor may terminate this contract at any time without cause with a sixty (60) day written notice to the County. This Contract may be terminated for just cause immediately by the County. Contractor shall serve at the pleasure of the appointing authority, the Board of Supervisors, who shall have the full authority and discretion to exercise County rights under this paragraph.

All other terms and condition of this Contract No. 15-269 and all amendments remain unchanged and incorporated herein by this reference.

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

William L. Gilbert

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

By \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name William L. Gilbert  
\_\_\_\_\_  
(Print or type name of person signing contract)

Title Contract Director of Arrowhead Regional  
Medical Center  
\_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form



Cynthia O'Neill, Supervising Deputy County  
Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance



Date \_\_\_\_\_

Reviewed/Approved by Department



Date \_\_\_\_\_