



Contract Number

17-838 A3

SAP Number

4400004092

Sheriff/Coroner/Public Administrator

Department Contract Representative	<u>John Ades, Captain</u>
Telephone Number	<u>(909) 387-0640</u>
Contractor	<u>Liberty Healthcare of California, Inc.</u>
Contractor Representative	<u>Ken Carabello</u>
Telephone Number	<u>(310) 584-1581</u>
Contract Term	<u>01/01/2018 through 12/31/2021</u>
Original Contract Amount	<u>\$24,614,766</u>
Amendment Amount	<u>\$ 9,112,590</u>
Total Contract Amount	<u>\$33,727,356</u>
Cost Center	<u>4424501000</u>

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT No. 3

Amend the contract no. 17-838 with Liberty Healthcare of California, Inc., effective January 1, 2021, to provide restoration of mental competency services to inmates declared incompetent to stand trial increasing the cost by \$9,112,590 from \$24,614,766, to a maximum not to exceed \$33,727,356; and to extend the period from January 1, 2018 through December 31, 2021, with the option to extend for one additional one-year period.

1. Section **C – Term and Termination** is hereby replaced with the following:

This Agreement shall commence January 1, 2018 and continue until December 31, 2021. The County has the option to renew the contract by one additional year. Either party may terminate this Agreement, with or without cause, upon written notice to the other party, such termination shall take effect thirty (30) days after receipt of written notice.

Except as amended, all other terms and conditions of the Agreement remain as stated therein.

[With the exception of signatures, this page left intentionally blank]

COUNTY OF SAN BERNARDINO

►
_____, Chair, 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

Liberty Healthcare of California, 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 401 E. City Avenue, Ste. 820

Bala Cynwyd, PA 19004

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Richard D. Luczak, Deputy County Counsel	►	► John Ades, Captain
Date _____	Date _____	Date _____