



Contract Number

16-155 A2

SAP Number

4400003438

Purchasing Department

Department Contract Representative
Telephone Number

Cody Leslie
909-387-2065

Contractor

Parron-Hall Corporation dba Parron Hall

Contractor Representative
Telephone Number

Graham Briggs
(619) 873-7090

Contract Term

April 19, 2016 – October 18, 2021

Original Contract Amount

Amendment Amount

Total Contract Amount

Cost Center

IT IS HEREBY AGREED AS FOLLOWS:

Amendment No. 2

IN THAT CERTAIN Contract No. 16-156 by and between the County of San Bernardino (County), a political subdivision of the State of California, and G/M Business Interiors to provide and install systems/freestanding furniture, filing systems, and seating to all County departments which contract first became effective April 19, 2016, the following charges are hereby made and agreed to effective April 7, 2021:

Section D. is amended to read:

D. TERM OF CONTRACT

The contract is effective as of April 19, 2016 and expires October 18, 2021 but may be terminated earlier in accordance with provisions of this Agreement.

Section L. is added to read:

L. ELECTRONIC SIGNATURES

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 mail 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.

All other terms, conditions and covenants 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

(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

►
Kristina M. Robb, Supervising Deputy County
Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Date _____