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



Contract Number

16-529 A-3

SAP Number

4400003724

Department of Behavioral Health

Department Contract Representative Bishoy Bestawros Telephone Number (909) 388-0856 Contractor Koinonia Family Services **Contractor Representative** Tiffany Sickler **Telephone Number** (310) 926-3916 July 1 2016 through December 31 **Contract Term Original Aggregate Contract Amount**

Amendment Amount Total Aggregate Contract Amount **Cost Center**

day 1, 2010 tillough becember 31,
2021
\$17,794,525
\$1,979,453
\$19,773,978
9207081000

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

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN Contract No. 16-529 by and between the County of San Bernardino, a political subdivision of the State of California, and Contractor for Foster Family Agency Mental Health Services, which Contract first became effective July 1, 2016, the following changes are hereby made and agreed to, effective July 1, 2021:

I. <u>AGGREGATE FISCAL PROVISIONS</u>, is hereby amended to read as follows:

AGGREGATE FISCAL PROVISIONS

Term: July 1, 2016 through December 31, 2021, in accordance with Article VI. Funding and Article V Payment.

Aggregate Maximum Obligation:

Fiscal Year 2016-17			\$2,958,905
Fiscal Year 2017-18			\$2,958,905
Fiscal Year 2018-19	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2019-20	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2020-21	Mode 05 \$1,000,000	Mode 15 \$2,958,905	\$3,958,905
Fiscal Year 2021-22	Mode 05 \$500,000	Mode 15 \$1,479,453	\$1,979,453

TOTAL AGGREGATE MAXIMUM OBLIGATION:

\$2,958,905 per Fiscal Year for 2016-17 and 2017-18 \$3,958,905 per Fiscal Year for 2018-19, 2019-20, 2020-21 \$1,979,453 for the period July 1, 2021 through December 31, 2021

Basis for Reimbursement:

The most recent Cost Report or County Contract Rate (CCR) or Provider Target rate, whichever is lower, shall prevail.

Basis for Final Reimbursement

See Article VII, Paragraph E.

Notices to County and Contractor:

COUNTY: County of San Bernardino

Department of Behavioral Health

Fiscal Services

303 East Vanderbilt Way

San Bernardino, CA 92415-0026

CONTRACTOR: Koinonia Family Services

3731 Magnolia Street Loomis, CA 95650

- III. ARTICLE XIII Duration and Termination paragraph A, is hereby amended to read as follows:
 - A. The term of this Agreement shall be from July 1, 2016 through December 31, 2021 inclusive.

IV. 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 BERNARDINO		Koinonia Family Services	
		(Print or typ	e name of corporation, company, contractor, etc.)
>		Ву	
Curt Hagman, Chairman, Board of Supe	rvisors	· -	(Authorized signature - sign in blue ink)
Dated:		Name	
SIGNED AND CERTIFIED THAT A COF			(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED T CHAIRMAN OF THE BOARD	OTHE	Title	
Lynna Monell Clerk of the Board of Supervisors of the County of San Bernardino			(Print or Type)
By		Dated:	
		Address	
			_
FOR COUNTY USE ONLY			
Approved as to Legal Form	Reviewed for Contract	ct Compliance	Reviewed/Approved by Department
<u> </u>	<u> </u>		
Dawn Martin, Deputy County Counsel	Natalie Kessee, Cont	racts Manager	Veronica Kelley, Director
pate Date			Date

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