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

SAN BERNARDINO COUNTY

Contract Number

16-530 A-3

SAP Number

4400003725

Department of Behavioral Health

Department Contract Representative	Bishoy Bestawros
Telephone Number	(909) 388-0856
Contractor	Nuevo Amanecer Latino Children's Services
Contractor Representative	Norma Duque
Telephone Number	(323) 837-2133
Contract Term	July 1, 2016 through December 31, 2021
Original Aggregate Contract Amount	$17,794,525
Amendment Amount	$1,979,453
Total Aggregate Contract Amount	$19,773,978
Cost Center	9207081000

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and Nuevo Amanecer Latino Children's Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS*:*

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-530** 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. AGGREGATE FISCAL PROVISIONS, 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: Nuevo Amanecer Latino Children's Services
2025 N. D St.
San Bernardino, CA 92405

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

►

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

Nuevo Amanecer Latino Children's Services

(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	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Dawn Martin, Deputy County Counsel	Natalie Kessee, Contracts Manager	Veronica Kelley, Director
Date	Date	Date