



Contract Number

16-534 A-3

SAP Number

4400003730

Department of Behavioral Health

Department Contract Representative	Bishoy Bestawros
Telephone Number	(909) 388-0856
Contractor	Walden Family Services
Contractor Representative	Sue Evans
Telephone Number	(951) 788-5905
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 Walden Family Services referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WITNESSETH:

IN THAT CERTAIN **Contract No. 16-534** 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: Walden Family Services
255 N. D St., Suite 412
San Bernardino, CA 92401

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

Walden Family Services

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

►

Curt Hagman, Chairman, Board of Supervisors

By _____
(Authorized signature - sign in blue ink)

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name _____
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

Title _____
(Print or Type)

By _____
Deputy

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
►
Dawn Martin, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
►
Natalie Kessee, Contracts Manager
Date _____

Reviewed/Approved by Department
►
Veronica Kelley, Director
Date _____