



**Contract Number**

21-156 A-1

**SAP Number**

### Board of Supervisors

**Department Contract Representative** Stephenie Shea  
**Telephone Number** 387-4919

**Contractor** Roxanna Gracia (hereinafter called "Contractor")

**Contractor Representative** \_\_\_\_\_  
**Telephone Number** On File

**Contract Term** \_\_\_\_\_

**Original Contract Amount** \_\_\_\_\_

**Amendment Amount** \_\_\_\_\_

**Total Contract Amount** \_\_\_\_\_

**Cost Center** 1005001000

**IT IS HEREBY AGREED AS FOLLOWS:**

Effective June 5, 2021, Contract No. 21-156 is hereby amended as follows:

**ADD, Subsection R. PORTABLE COMMUNICATION DEVICE ALLOWANCE to SECTION IV. COMPENSATION OF CONTRACTOR, with the following:**

**IV. COMPENSATION OF CONTRACTOR**

R. PORTABLE COMMUNICATION DEVICE ALLOWANCE  
CONTRACTOR shall receive a bi-weekly portable communication device allowance of \$92.31. With written approval of the Fifth District Supervisor, the CONTRACTOR shall be subject to adjustments to the bi-weekly portable communication device (increases or decreases), but any increase shall not exceed the maximum amount allowable for the Exempt Group B level benefit, pursuant to the terms and conditions set forth in the San Bernardino County Exempt Group Working Conditions Ordinance.

All other terms and conditions of Contract No. 21-156 and all amendments remain unchanged and are incorporated herein by this reference.

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

Roxanna Gracia  
\_\_\_\_\_  
*(Print or type name of corporation, company, contractor, etc.)*

By ▶ \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name Roxanna Gracia  
*(Print or type name of person signing contract)*

Title Field Representative I – Fifth District  
*(Print or Type)*

Dated: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
▶ \_\_\_\_\_  
Cynthia O'Neill, Principal Assistant County  
Counsel

Reviewed for Contract Compliance  
▶ \_\_\_\_\_

Reviewed/Approved by Department  
▶ \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_