

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



**Contract Number**

16-08 A7

**SAP Number**

440000567

**Sheriff/Coroner/Public Administrator**

<b>Department Contract Representative</b>	John Ades, Captain
<b>Telephone Number</b>	(909) 387-0640
<b>Contractor</b>	Liberty Healthcare Corporation
<b>Contractor Representative</b>	Kenneth Carabello
<b>Telephone Number</b>	(800) 331-7122
<b>Contract Term</b>	01-12-2016 to 01-11-2022
<b>Original Contract Amount</b>	\$73,634,205
<b>Amendment Amount</b>	\$ 100,281
<b>Total Contract Amount</b>	\$73,734,486
<b>Cost Center</b>	4424601000

**IT IS HEREBY AGREED AS FOLLOWS:**

**Amendment No. 7**

Contract No. 16-08 is hereby amended effective June 9, 2021 as follows:

1. Amend Section D as follows: To increase the total amount of the Agreement by \$100,281 by deleting the section's first sentence and replace it with: "The maximum amount of payment under this Agreement shall not exceed \$73,734,486 for the Term of the Agreement unless amended by the Board of Supervisors."
2. Replace the original "Schedule A – Pricing" referred to in Section D with the "Schedule A – Pricing" attached hereto and incorporated herein by reference.

Except as amended all other terms and conditions of this contract remain unchanged.

[Except for signatures, this page left intentionally blank]

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

Liberty Healthcare Corporation  
(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 401 East City Avenue, suite 820  
Bala Cynwyd, PA 19004

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Richard D. Luczak, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
John Ades, Captain  
Date \_\_\_\_\_