



**Contract Number**

18-404 A-3

**SAP Number**

## Inland Counties Emergency Medical Agency

**Department Contract Representative**  
**Telephone Number**

Daniel Muñoz  
(909) 388-5823

**Contractor**

Arrowhead Regional Medical  
Center

**Contractor Representative**  
**Telephone Number**

William Gilbert, Director  
(909) 580-6150

**Contract Term**

July 1, 2018 - June 30, 2027

**Original Contract Amount**

\$25,000 annually

**Amendment Amount**

**Total Contract Amount**

**Cost Center**

1111702686

### IT IS HEREBY AGREED AS FOLLOWS:

#### Amendment No. 3

It is hereby agreed to amend Memorandum of Understanding No. 18-404 (MOU) as follows:

1. Section 2, TERM OF MOU, is deleted in its entirety and will be replaced with the following:

This MOU shall be effective as of July 1, 2018, and expires on June 30, 2027, but may be terminated earlier in accordance with the provisions of this MOU. If ICEMA determines that HOSPITAL has satisfactorily performed all obligations herein and satisfied the ICEMA Trauma Standards (EXHIBIT 1), this MOU may be extended for an additional term of three (3) years on the same terms and conditions set forth herein, by written approval of HOSPITAL and ICEMA's Board of Directors.

2. All other terms of the MOU shall remain in full force and effect.
3. This Amendment 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 Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (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 Amendment upon request.

**IN WITNESS THEREOF**, ICEMA and HOSPITAL have executed this Amendment No. 3 to be effective upon execution by both parties.

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

►

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Directors

Dated: 5/7/24

\_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIR OF THE BOARD

Lynna Monell,  
Secretary to the Board of Directors  
of San Bernardino County

By \_\_\_\_\_  
Deputy

**SAN BERNARDINO COUTY ON BEHALF OF  
ARROWHEAD REGIONAL MEDICAL CENTER**

►

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

Dated: 5/7/24

\_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS  
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CHAIR OF THE BOARD

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

By \_\_\_\_\_  
Deputy

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►

\_\_\_\_\_  
Charles Phan, Supervising Deputy County  
Counsel

Date \_\_\_\_\_

Reviewed for MOU Compliance

►

\_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department

►

\_\_\_\_\_  
Daniel Muñoz, Interim EMS Administrator

Date \_\_\_\_\_