



Contract Number

20-1246 A-5

SAP Number

4400017032

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	California Emergency Medical Services Authority
Contractor Representative	Rick Trussell, Chief of Administration
Telephone Number	(916) 431-3737
Contract Term	12/2/2020 through the end of Governor's emergency declaration declared on 3/4/2020
Original Contract Amount	NTE \$5,000,000
Amendment Amount	NTE \$20,000,000
Total Contract Amount	NTE \$25,000,000
Cost Center	8720

AMENDMENT NO. 5

SAN BERNARDINO COUNTY on behalf of its Arrowhead Regional Medical Center and the STATE OF CALIFORNIA, as represented by the California Emergency Medical Services Authority, agree to amend the terms of the California Contracted Medical Staff Services Agreement fully executed between the parties on or about December 1, 2020 ("Agreement"), as follows, effective on the last date this Amendment No. 5 ("Amendment") is executed by the parties:

1. Remove the following provision in the Agreement that was added in Amendment No. 2 to the Agreement:
"The not-to-exceed aggregate contract amount is \$5,000,000."
2. Add the following provision to the Agreement:
"The not-to-exceed aggregate contract amount is \$25,000,000."
3. All other terms and conditions of the Agreement remain in full force and effect.

4. 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.

SAN BERNARDINO COUNTY




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
San Bernardino County

By _____
Deputy

CALIFORNIA EMERGENCY MEDICAL
SERVICES AUTHORITY

By  _____
(Authorized signature - sign in blue ink)

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

Title _____
(Print or Type)


FOR COUNTY USE ONLY

Approved as to Legal Form

 _____
Charles Phan, Deputy County Counsel


Date _____

Reviewed for Contract Compliance

 _____

Date _____

Reviewed/Approved by Department

 _____

Date _____