



Contract Number

21-416 A-1

SAP Number

4400017245

Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert
Telephone Number (909) 580-6150

Contractor The CBORD Group, Inc.
Contractor Representative Karena Paz
Telephone Number (607) 330-7571
Contract Term June 8, 2021-June 7, 2024
Original Contract Amount \$ 56,797.00
Amendment Amount \$98,813.00
Total Contract Amount \$155,610
Cost Center _____

AMENDMENT NO. 1

This Amendment No. 1 (this "Amendment") dated as of the date of full execution is made by and between The CBORD Group, Inc. (Contractor) and San Bernardino County on behalf of Arrowhead Regional Medical Center and modifies the terms of the Software Subscription License Agreement with the effective date of June 8, 2021 ("Agreement"), as follows:

1. The total contract amount for the second and third years in the Minimum Term of the Agreement shall not exceed \$98,813.00. The annual fees for second year of the Minimum Term (7/1/2022-6/30/2023) are shown in Attachment I as Annual Services Quotes 123951 and 123952.
2. For the avoidance of doubt, the parties hereby affirm that there are twelve (12) workstation licenses included in the Software Subscription Agreement as shown in Annual Service Quote 123952 with 6 workstation licenses included in line 3 and the remaining 6 workstation licenses in line 6.
3. All references to "County of San Bernardino on behalf of Arrowhead Regional Medical Center" are amended to reach "San Bernardino County on behalf of Arrowhead Regional Medical Center".

4. Full Force and Effect. The Agreement, as amended by this Amendment, remains in full force and effect.

5. Counterparts. 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 Agreement. 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

The CBORD Group, Inc.

►

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

By ► _____
(Authorized signature - sign in blue ink)

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

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

►

Bonnie Uphold, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

William Gilbert, Hospital Director

Date _____

ATTACHMENT I

ANNUAL FEE QUOTES FOR 7/1/2022 – 6/30/2023



ANNUAL SERVICE QUOTE	
Date	3/10/2022
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q123951

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The CBORD Group Inc.
950 Danby Road
Suite 100C
Ithaca NY 14850
United States

Phone: 844.462.2673
Fed ID #:20-1231681

For questions regarding this quote, please contact Billing at 844.462.2673 or billing@cbord.com.

Bill To

Accounts Payable
Arrowhead Regional Medical Center
400 N Pepper Ave
Colton CA 92324
United States

Contract #		Contract Term			Currency		
CON008388		7/1/2022-6/30/2023			USD		
Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price	
0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center							
1	1	1	R-4CPR0052 R-Unitech Swipe Keyboard, Black, USB	7/1/2022-6/30/2023	\$136.43	\$136.43	
2	5	5	R-4MCR0055 NLA R-EpsonTM-T88IVThermal Receipt Printer with power supply	7/1/2022-6/30/2023	\$264.89	\$1,324.45	
3	5	5	R-4MCR0063 R-MIC Scale	7/1/2022-6/30/2023	\$275.75	\$1,378.75	
4	5	5	R-4NTR0073 R-ODY Interface to Micros RES 3700	7/1/2022-6/30/2023	\$271.49	\$1,357.45	
5	1	1	R-4SFT0028 R-ODY PCS System-Small (under 5,000 cardholders)	7/1/2022-6/30/2023	\$3,619.90	\$3,619.90	
6	1	1	R-4SFT0099 R-Crystal Reports XI Developer (for all existing imps)	7/1/2022-6/30/2023	\$146.17	\$146.17	
7	1	1	R-MCR6080124 R-Epson TM-U220B 2-color autocut impact printer with IDN	7/1/2022-6/30/2023	\$159.31	\$159.31	
8	5	5	R-MCR6080128	7/1/2022-6/30/2023	\$52.10	\$260.50	



ANNUAL SERVICE QUOTE	
Date	3/10/2022
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q123951

Location Line #	ID / Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
9	5	5	NLA R-APG Series 4000 dual media slotcash drawer5x5 Series 1 R-MCR6080134	7/1/2022-6/30/2023	\$46.86	\$234.30
10	1	1	NLA R-LCD customer display with 18-inch pole: 240 by 64 R-MCR7590163	7/1/2022-6/30/2023	\$438.44	\$438.44
11	1	1	R-Oracle Hosp 3700 Foundation 5-9 Point-of-Sale-Sys R-MCR7590168	7/1/2022-6/30/2023	\$246.02	\$246.02
12	5	5	R-Oracle Hosp 3700 PMS/SIM-System Perpetual R-MCR7590173	7/1/2022-6/30/2023	\$246.02	\$1,230.10
13	2	2	R-Oracle Hosp 3700 Point-of-Sale-POS Client Perpetu R-MCR7590174	7/1/2022-6/30/2023	\$246.02	\$492.04
14	1	1	R-Oracle Hosp 3700 Point-of-Sale-POS Client Perpetual (MMWS) R-SFT7180044	7/1/2022-6/30/2023	\$208.85	\$208.85
15	1	1	R-AdminWeb for ODYPCS Small R-SYB7590007	7/1/2022-6/30/2023	\$445.51	\$445.51
16	1	1	R-Conversion to Sybase CPU License for ODY PCS or ODY HMS R-SYB7590008	7/1/2022-6/30/2023	\$218.39	\$218.39
17	5	5	R-Sybase CPU License for ODYPCS R-MCR6080200	7/1/2022-6/30/2023	\$1,430.95	\$7,154.75
18	5	5	R-Oracle Hosp WS610 w/ Atom proc, WIN10 IoT R-MCR6040399	7/1/2022-6/30/2023	\$293.06	\$1,465.30
			R-Adjust Stand High/Low Mount Display for Oracle Hosp WS6			
Subtotal for Location ID: 0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center						\$20,516.66
Tax Amount						\$0.00
Location Subtotal						\$20,516.66



ANNUAL SERVICE QUOTE	
Date	3/10/2022
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q123951

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Comments: If your institution requires a purchase order, please provide the purchase order number to billing@cbord.com. 2022 Annual Renewal 4.7

Remit To: The CBORD Group Inc. P.O. Box 933991 Atlanta, GA 31193-3991	Wire Transfer To: Wells Fargo ABA 121000248 Acct. 2000042945419	Subtotal	\$20,516.66
		Total Tax	\$0.00
		Estimated Shipping	\$0.00
		Grand Total	\$20,516.66



ANNUAL SERVICE QUOTE	
Date	3/10/2022
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q123952

The CBORD Group Inc.
 950 Danby Road
 Suite 100C
 Ithaca NY 14850
 United States

Phone: 844.462.2673
 Fed ID #:20-1231681

For questions regarding this quote, please contact Billing at 844.462.2673 or billing@cbord.com.

Bill To

Accounts Payable
 Arrowhead Regional Medical Center
 400 N Pepper Ave
 Colton CA 92324
 United States

Contract #		Contract Term		Currency		
		7/1/2022-6/30/2023		USD		
Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center						
1	1	1	R-SYBASE SERVER-ASA R-Sybase Server-ASA	7/1/2022-6/30/2023	\$194.91	\$194.91
2	6	6	R-SYBASE W/S-ASA R-Sybase Workstation-ASA	7/1/2022-6/30/2023	\$125.30	\$751.80
3	1	1	R-SYSTEM R-System License Fees - Foodservice Suite Foodservice Manager System Tier 2 QTY 1 ; Inventory Control & Purchasing System Tier 2 QTY 1 ; Nutritional Accounting Module qty 1 Nutrition Service Suite Diet Office System - Tier 1 QTY 1 Intake Analysis QTY 1 Single Site, Multi-User Fee Additional Workstations QTY 6	7/1/2022-6/30/2023	\$9,503.89	\$9,503.89
4	1	1	R-W-CMND UPGRADE FROM USDA R-Nutrient Database CBORD Master Upgrade From USDA	7/1/2022-6/30/2023	\$598.67	\$598.67
5	6	6	R-ADD W/S R-Individual Workstation License	7/1/2022-6/30/2023	\$1,280.07	\$7,680.42
6	6	6	R-SYB7590005 R-Sybase ASA Workstation (for Client Workstation)	7/1/2022-6/30/2023	\$124.02	\$744.12
7	1	1	SAS7681003 CBORD Remote Support	7/1/2022-6/30/2023	\$942.30	\$942.30
8	1	1	R-W-HL7 ADT I/F	7/1/2022-6/30/2023	\$3,401.12	\$3,401.12



ANNUAL SERVICE QUOTE	
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Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
9	1	1	R-HL7 ADT Interface-Windows R-W-HL7 ORDER I/F R-HL7 Diet Orders Interface-Windows	7/1/2022-6/30/2023	\$3,401.12	\$3,401.12
Subtotal for Location ID: 0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center						\$27,218.35
Tax Amount						\$0.00
Location Subtotal						\$27,218.35

Comments: If your institution requires a purchase order, please provide the purchase order number to billing@cbord.com. 2022 Annual Renewal 4.7

Remit To: The CBORD Group Inc. P.O. Box 933991 Atlanta, GA 31193-3991	Wire Transfer To: Wells Fargo ABA 121000248 Acct. 2000042945419	Subtotal	\$27,218.35
		Total Tax	\$0.00
		Estimated Shipping	\$0.00
		Grand Total	\$27,218.35