



**Contract Number**

22-1171 A-1

**SAP Number**

## Inland Counties Emergency Medical Agency

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

Daniel Muñoz  
(909) 388-5823

**Contractor**  
**Contractor Representative**  
**Telephone Number**  
**Contract Term**  
**Original Contract Amount**  
**Amendment Amount**  
**Total Contract Amount**  
**Cost Center**

Hi-Desert Medical Center  
Karen Faulis, CEO  
(760) 366-6262  
July 1, 2024 - June 30, 2027  
\$25,000 annually  
  
1111702686

### IT IS HEREBY AGREED AS FOLLOWS:

#### Amendment No. 1

It is hereby agreed to amend Contract No. 22-1171, effective upon execution of Amendment No. 1 by all parties, as follows:

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

#### **2. TERM OF CONTRACT**

This CONTRACT shall be effective as of November 15, 2022, and expires on June 30, 2027, but may be terminated earlier in accordance with the provisions of this CONTRACT. If ICEMA determines that HOSPITAL has satisfactorily performed all obligations herein and satisfied the ICEMA Trauma Standards (EXHIBIT 1), this CONTRACT 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. ADD new Subdivision 10.44 of **Section 10, GENERAL CONTRACT REQUIREMENTS, CAMPAIGN CONTRIBUTION DISCLOSURE (SB 1439)**, and ADD **"Attachment A" Campaign Contribution Disclosure attached and incorporated herein**, as follows:

#### 10.44 **CAMPAIGN CONTRIBUTION DISCLOSURE (SB 1439)**

HOSPITAL has disclosed to the Inland Counties Emergency Medical Services Agency (ICEMA) using the "Attachment A" - Campaign Contribution Disclosure Senate Bill 1439, whether it has made any campaign contributions of more than \$250 to any member of the Board of Directors or other San Bernardino County elected officer [Sheriff, Assessor Recorder-Clerk, Auditor Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of HOSPITAL's proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Directors. HOSPITAL acknowledges that under Government Code section 84308, HOSPITAL is prohibited from making campaign contributions of more than \$250 to any member of the Board of Directors or other San Bernardino County elected officer for 12 months after ICEMA's consideration of the Contract.

In the event of a proposed amendment to this Contract, the HOSPITAL will provide ICEMA a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Directors or other San Bernardino County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the HOSPITAL or by a parent, subsidiary or otherwise related business entity of HOSPITAL.

3. ADD new Section 21, **ELECTRONIC SIGNATURES**, as follows:

#### **21. ELECTRONIC SIGNATURES**

This CONTRACT 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 CONTRACT. The parties shall be entitled to sign and transmit an electronic signature of this CONTRACT (whether by facsimile, PDF or other mail 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 CONTRACT upon request.

4. All other terms of the CONTRACT shall remain in full force and effect.

**END OF AMENDMENT.**

**IN WITNESS THEREOF**, ICEMA and HOSPITAL have each caused this CONTRACT to be subscribed by its respective duly authorized officers, on its behalf.

**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  
CHAIRMAN OF THE BOARD

Lynna Monell, Secretary

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

HDMC Holdings, L.L.C. d/b/a  
Hi-Desert Medical Center

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

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

Name Karen Faulis  
(Print or type name of person signing contract)

Title Chief Executive Officer  
(Print or Type)

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

Address 6601 White Feather Road

Joshua Tree, CA 92252

**FOR COUNTY USE ONLY**

Approved as to Legal Form

► \_\_\_\_\_  
John Tubbs II, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

► \_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

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

Date \_\_\_\_\_

## Attachment "A"

### Campaign Contribution Disclosure (Senate Bill 1439)

#### **DEFINITIONS**

Actively supporting the matter: (a) Communicate directly with a member of the Board of Directors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before ICEMA in a proceeding on the matter for the purpose of influencing the ICEMA's decision on the matter; or (c) communicates with ICEMA employees, for the purpose of influencing the ICEMA's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or ICEMA employees for purposes of influencing the ICEMA's decision in a matter.

Agent: A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Directors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

Otherwise related entity: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources, or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**HOSPITAL must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.**

1. Name of HOSPITAL: HDMC Holdings, LLC dba Hi-Desert Medical Center		
2. Is the entity listed in Question No. 1 a non-profit organization under Internal Revenue Code section 501(c)(3)?		
Yes <input type="checkbox"/> If yes, skip Question Nos. 3 - 4 and go to Question No. 5. No <input checked="" type="checkbox"/>		
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, <u>if</u> the individual actively supports the matter <u>and</u> has a financial interest in the decision: N/A		
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s): N/A		
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):		
<b>Company Name</b>	<b>Relationship</b>	
<u>Tenet California, Inc.</u>	<u>Parent Company</u>	
6. Name of agent(s) of HOSPITAL:		
<b>Company Name</b>	<b>Agent(s)</b>	<b>Date Agent Retained (if less than 12 months prior)</b>
N/A		
7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter <u>and</u> (2) has a financial interest in the decision <u>and</u> (3) will be possibly identified in the contract with the County or board governed special district:		
<b>Company Name</b>	<b>Subcontractor(s):</b>	<b>Principal and/or Agent(s):</b>
N/A		
8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board <u>and</u> (2) have a financial interest in the outcome of the decision:		
<b>Company Name</b>	<b>Individual(s) Name</b>	
N/A		

9. Was a campaign contribution, of more than \$250, made to any member of the ICEMA Board of Directors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No ☒ If **no**, please skip Question No. 10.

Yes ☐ If **yes**, please continue to complete this form.

10. Name of Board of Director Member or other County elected officer: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing below, HOSPITAL certifies that the statements made herein are true and correct. HOSPITAL understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Directors or other County elected officer while this matter is pending and for 12 months after a final decision is made by ICEMA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Karen Faulis, Chief Executive Officer

HDMC Holdings, LLC dba Hi-Desert Medical Center

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Entity Name, if applicable