

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



Contract Number
21-376 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

Loreen Gutierrez

(909) 588-5803

July 1, 2021 – June 30, 2025

1110002686

Amendment No.1

WHEREAS, Loreen Gutierrez and Inland Counties Emergency Medical Agency entered into contract for Specialty Care Coordinator services with an effective date of July 1, 2021 (Contract); and

WHEREAS, the parties now desire to exercise the first, one-year, extension option of the Contract;

NOW THEREFORE, effective as of the date this Amendment No. 1 is fully executed, the parties hereby amend the Contract as follows:

1. Section 1, TERM, is amended to read:

This Contract shall be effective July 1, 2021, and shall remain in effect through June 30, 2025. Subject to the termination provisions below, the Emergency Medical Services (EMS) Administrator of ICEMA is authorized to execute amendments to the Contract to extend the term of this Contract for a maximum of two (2) successive one-year periods. Notwithstanding the foregoing, either party may terminate this Contract at any time without cause with a fourteen (14) day prior written notice to the other party. This Contract may be terminated for just cause immediately by the County.


CONTRACTOR shall serve at the pleasure of the appointing authority, the EMS Administrator of ICEMA, who shall have the full authority and discretion to exercise County rights under this Paragraph.

SAN BERNARDINO COUNTY

► 
Daniel Muñoz, Interim EMS Administrator

Dated: 3-19-24

Loreen Gutierrez
(Print or type name of corporation, company, contractor, etc.)

B
y ► 
(Authorized signature - sign in blue ink)

Name Loreen Gutierrez
(Print or type name of person signing contract)

Title Specialty Care Coordinator
(Print or Type)

Dated: 3/11/24

Address On File

FOR COUNTY USE ONLY

Approved as to Legal Form

► 
Richard Luczak, Deputy County Counsel

Date 3/4/2024

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____

Date _____



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Inland counties Emergency Medical Agency

Contact Name: Specialty Care Coordinator Services

Telephone: (909) 388-5830

Agreement No.: 21-376 Amendment No.: 1 Date of Board Item 5/18/21 Board Item No.: 90

Name of Contract Entity/Project Name: Loreen Gutierrez - Specialty Care Coordinator

Explanation of request/Special Instructions:

Delegated authority was granted to the ICEMA EMS Administrator by the Board under the BAI listed above. This request is to allow the Elvis Administrator to exercise this authority to execute A-1 of this employment contract for a Specialty Care Coordinator to extend the contract term for another year of service, without any additional changes to the contract.

Insert check mark that the following required documents are attached to this request:

- ☒ Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- ☒ Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Richard Luczak	Date Sent: 3/1/24
Reviewing County Counsel Use Only	Review Date: <u>3/1/2024</u> Signature: _____	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority
CAO-Special Projects Use Only	Review Date: <u>3/5/2024</u> Signature: <u>Jennifer McCall-Sandel</u>	Disposition: <input checked="" type="checkbox"/> Route for signature to: ____ Chair ____ CEO <input checked="" type="checkbox"/> Department ____ Return to Department for preparation of agenda item