



**Contract Number**

19-720 A-2

**SAP Number**

**Arrowhead Regional Medical Center**

<b>Department Contract Representative</b>	<u>William L. Gilbert, Director</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Medico Professional Linen Services</u>
<b>Contractor Representative</b>	<u>Egbert Dugall</u>
<b>Telephone Number</b>	<u>(323) 313-3497</u>
<b>Contract Term</b>	<u>December 1, 2019 to November 30, 2024</u>
<b>Original Contract Amount</b>	<u>Not To Exceed \$8,000,000</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u>Not To Exceed \$8,000,000</u>
<b>Cost Center</b>	<u>9184404200</u>

**AMENDMENT NO. 2**

Effective July 27, 2021, SAN BERNARDINO COUNTY on behalf of Arrowhead Regional Medical Center (“ARMC”) and MEDICO PROFESSIONAL LINEN SERVICES (“Medico”) agree to amend the terms of the Agreement fully executed between the parties on November 5, 2019 (Agreement #19-720)(hereinafter known as the “Agreement”), as follows:

1. Delete Section V. Under “**II. CONTRACTOR RESPONSIBILITIES**” of the Agreement in its entirety and replace it with the following:
  - V. Beginning on July 27, 2021, Contractor shall provide clean rental isolation gowns, in compliance with the specifications requested by ARMC, in the quantities requested by ARMC, on a recurring basis, at the prices set forth in Exhibit D-1.
2. Delete Section A under “**V. COUNTY RESPONSIBILITIES**” of the Agreement in its entirety and replace it with the following:
  - A. ARMC shall reimburse Contractor at mutually agreeable upon rates in Exhibit A, Exhibit B, Exhibit C, and Exhibit D-1. All statements for services provided under this Agreement shall be submitted

to ARMC on a monthly basis. All statements will be due and payable within 60 days of the date on the invoice.

3. Delete Section F. under “**V. COUNTY RESPONSIBILITIES**” of the Agreement in its entirety.
4. Delete Section A under “**VI. FISCAL PROVISIONS**” of the Agreement in its entirety and replace with the following:
  - A. Contractor will be reimbursed based on the prices set forth in Exhibit A, Exhibit B, Exhibit C, and Exhibit D-1. The maximum amount of payment under this Contract shall not exceed \$8,000,000.00 total for the term of this Contract, and shall be subject to availability of other funds to the County. The consideration to be paid to Contractor as provided herein shall be in full payment for all Contractor’s services and expenses incurred in the performance hereof, including travel and per diem.
5. Exhibit “D-1” of this Amendment is added to the Agreement.
6. This Amendment may be terminated by the Director of ARMC for any reason with 30 days written notice to Contractor in the manner specified in Article **X. NOTICES** of the Agreement.
7. Capitalized terms used but not defined in this Amendment shall have the respective meanings given to them in the Agreement.
8. All other terms and conditions of the Agreement shall remain in full force and effect

**[INTENTIONALLY LEFT BLANK]**

9. 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

MEDICO PROFESSIONAL LINEN SERVICES

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

▶  
 \_\_\_\_\_  
 , Chair, Board of Supervisors

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

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

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Lynna Monell  
 Clerk of the Board of Supervisors  
 San Bernardino County

Title \_\_\_\_\_  
*(Print or Type)*

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

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

Address \_\_\_\_\_  
 \_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
▶ Charles Phan, Deputy County Counsel	▶ _____	▶ William L. Gilbert, Director
Date _____	Date _____	Date _____

EXHIBIT "D-1"

## ARMC Isolation Gown Rental Rates

<u>Description</u>	<u>Unit Price</u>
Isolation Gown	\$0.67 per gown