



**Contract Number**

**18-378 A-2**

**SAP Number**

**4400008411**

## Arrowhead Regional Medical Center

|                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| <b>Department Contract Representative</b> | <u>William L. Gilbert, Director</u>          |
| <b>Telephone Number</b>                   | <u>(909) 580-8150</u>                        |
| <br><b>Contractor</b>                     | <br><u>Konica Minolta Business Solutions</u> |
|                                           | <u>U.S.A., Inc.</u>                          |
| <b>Contractor Representative</b>          | <u>David Mount</u>                           |
| <b>Telephone Number</b>                   | <u>(909) 801-5275</u>                        |
| <b>Contract Term</b>                      | <u>July 1, 2018 through June 30, 2023</u>    |
| <b>Original Contract Amount</b>           | <u>\$2,445,630</u>                           |
| <b>Amendment Amount</b>                   | <u>\$1,008,674</u>                           |
| <b>Total Contract Amount</b>              | <u>\$3,454,304</u>                           |
| <b>Cost Center</b>                        | <u></u>                                      |

### AMENDMENT NO. 2

San Bernardino County on behalf of Arrowhead Regional Medical Center and Konica Minolta Business Solutions U.S.A., Inc. agree to amend the terms of the Agreement with an effective date of July 1, 2018 ("Contract"), as follows, effective on last date this Amendment No. 2 is executed by the parties:

1. Section F.2 of the Contract is deleted in its entirety and replaced with the following:
 

**F.2** The maximum amount of payment under this Contract shall not exceed \$3,454,304, of which \$3,454,304 may be federally funded, 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.
2. Replace Attachment A to the Contract (as amended on December 18, 2018) with Attachment A to this Amendment to reflect the new rates as of March 1, 2022.
3. Replace Appendix I to the Contract (as amended on December 18, 2018) with Appendix I to this Amendment to add/update the list of print devices at ARMC to reflect 1,231 devices under this Contract.

4. Any additions and deletions of devices under the Contract shall be at the rate of \$37.00 per Color MFP and \$30.00 per B&W MFP, Thermal Printer, and Fax Machine.
5. All references to "County of San Bernardino" in the Contract shall be amended to read as "San Bernardino County".
6. All other terms and conditions of the Contract shall remain in full force and effect.
7. This Amendment No. 2 ("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

KONICA MINOLTA BUSINESS SOLUTIONS USA,  
INC.

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

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

►  
\_\_\_\_\_  
Charles Phan, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

►  
\_\_\_\_\_

Date \_\_\_\_\_

Reviewed/Approved by Department

►  
\_\_\_\_\_  
William L. Gilbert, Director

Date \_\_\_\_\_