



**Contract Number**

18-404 A-1

**SAP Number**

## Inland Counties Emergency Medical Agency

<b>Department Contract Representative Telephone Number</b>	Thomas G. Lynch (909) 388-5823
<b>Contractor</b>	Arrowhead Regional Medical Center
<b>Contractor Representative Telephone Number</b>	William Gilbert, Director (909) 580-6150
<b>Contract Term</b>	July 1, 2018 - June 30, 2024
<b>Original Contract Amount</b>	\$75,000
<b>Amendment Amount</b>	\$75,000
<b>Total Contract Amount</b>	\$150,000
<b>Cost Center</b>	1111702686

### IT IS HEREBY AGREED AS FOLLOWS:

#### Amendment No. 1

It is hereby agreed to amend Memorandum of Understanding No. 18-404 (MOU) as follows:

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

This MOU shall be effective as of July 1, 2018, and expires on June 30, 2024, but may be terminated earlier in accordance with the provisions of this MOU. If ICEMA determines that HOSPITAL has satisfactorily performed all obligations herein and satisfied the ICEMA Trauma Standards (EXHIBIT 1), this MOU 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. All other terms of the MOU shall remain in full force and effect.
3. All terms capitalized, but not defined in this Amendment shall have the meaning prescribed to it in the MOU.
4. 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.

**IN WITNESS THEREOF**, ICEMA and HOSPITAL have executed this Amendment No. 1 to be effective as of July 1, 2021.

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

▶   
 \_\_\_\_\_  
 Curt Hagman, Chairman, Board of Directors

Dated: **JUN 08 2021**  
 SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell, Secretary  
 Deputy  
 By   


**ARROWHEAD REGIONAL MEDICAL CENTER**

(Print or type name of corporation, company, contractor, etc.)  
 By ▶   
 \_\_\_\_\_  
 (Authorized signature - sign in blue ink)

Name Curt Hagman  
 (Print or type name of person signing contract)

Title Chair, Board of Supervisors  
 (Print or Type)

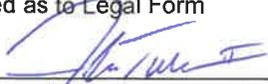
Dated: **JUN 08 2021**

Address \_\_\_\_\_

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 of the County of San Bernardino

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


**FOR COUNTY USE ONLY**

Approved as to Legal Form  
 ▶   
 \_\_\_\_\_  
 John Tubbs II, Deputy County Counsel  
 Date 5/5/21

Reviewed for Contract Compliance  
 ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_

Reviewed/Approved by Department  
 ▶   
 \_\_\_\_\_  
 Thomas G. Lynch, EMS Administrator  
 Date 5-5-21