



Contract Number

18-260-A-2

SAP Number

4400008209

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Tegria Services Group-US, Inc.
Contractor Representative	Arryn Waterman, MHI
Telephone Number	(508) 948-6626
Contract Term	July 1, 2018 through June 30, 2023
Original Contract Amount	\$4,350,000 Aggregate
Amendment Amount	\$5,000,000 Aggregate
Total Contract Amount	\$9,350,000 Aggregate
Cost Center	9184804200

AMENDMENT NO. 2

WHEREAS, on May 22, 2018, the County of San Bernardino and Navin, Haffy & Associates, LLC (Navin) entered into a contract (Contract) for Navin to provide Meditech consulting services to Arrowhead Regional Medical Center—a department of the County of San Bernardino, for the term of July 1, 2018 to June 30, 2023 in an amount not to exceed the aggregate of \$4,350,000; and

WHEREAS, on September 29, 2020, the County of San Bernardino, Navin, and Providence Services Group-US, Inc. (Providence) entered into an amendment, entitled, "Assignment and Consent to Assignment" whereby the parties assigned all of Navin's rights, title and interest, obligations, responsibilities, and duties, in and to the Contract to Providence; and

WHEREAS, the parties now desire to enter into an amendment to increase the contract amount and amend the name of the parties to reflect their current, respective legal names; and

THEREFORE, effective as of the date this Amendment No. 2 is executed, the Contract is amended as follows:

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

D.1 County representatives from Arrowhead Regional Medical Center – Information Management will monitor all Meditech Consultant Contracts to ensure the aggregate total payments combined do not exceed \$9,350,000 in aggregate for the term of the Contract.

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

E.2 The aggregate amount of payments under this Contract is a combined total for all Meditech Consulting Services contractors identified in the May 22, 2018 Board Agenda Item #29 and together shall not exceed \$9,350,000, 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.

3. All references to "County of San Bernardino" in the Contract shall be amended to read as "San Bernardino County."

4. "Providence Services Group-US, Inc." shall hereafter be referred to as "Tegria Services Group – US, Inc."

a. This is a change of corporate name only, as reflected in the Articles of Amendment filed with the State of Wisconsin on or about October 29, 2020, and all rights and obligations of San Bernardino County and of Tegria Services Group – US, Inc. (formerly known as Providence Services Group-US, Inc.) under the Contract are unaffected by this change.

5. All other terms and conditions of the Contract shall remain in full force and effect.

6. 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 names contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the party an original signed Amendment upon request.

[SIGNATURE PAGE FOLLOWS]

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

TEGRIA SERVICES GROUP – US, 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 _____