

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



Contract Number

25-641-A1

SAP Number

4400029477

Arrowhead Regional Medical Center

Department Contract Representative	<u>Andrew Goldfrach</u>
Telephone Number	<u>(909) 580-6150</u>
Contractor	<u>Strata Decision Technology, LLC</u>
Contractor Representative	<u>Kim Auerbach</u>
Telephone Number	<u>(312)726-1227</u>
Contract Term	<u>08/19/2025 – 08/18/2030</u>
Original Contract Amount	<u>\$2,116,067</u>
Amendment Amount	<u>\$23,060</u>
Total Contract Amount	<u>\$2,139,127</u>
Cost Center	<u>8510</u>
Grant Number (if applicable)	<u>NA</u>

AMENDMENT NO. 1

This Amendment No.1 (this "Amendment") effective upon date of execution, is made between SAN BERNARDINO COUNTY on behalf of Arrowhead Regional Medical Center ("Customer") and Strata Decisions Technology LLC ("Contractor") and does not modify the terms of the contract executed between the parties as of August 19, 2019 ("Contract"), as follows, effective as of date of execution:

1. Delete Section D.1. of the Contract in its entirety and replace with the following:

D1. The maximum amount of payment under this Contract shall not exceed \$2,139,127, of which \$2,139,127 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 in Exhibits A, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

2. **Full Force and Effect.** All other terms and conditions of the Contract shall remain in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Contract.
4. **Counterparts.** This Amendment No. 1 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.

[SIGNATURE PAGE FOLLOWS]

SAN BERNARDINO COUNTY



Dawn Rowe, Chair, 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

Strata Decision Technology, LLC.

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

By _____

(Authorized signature - sign in blue ink)

Name _____

Laura Miller

(Print or type name of person signing contract)

Title _____

CFO

(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form



Bonnie Uphold, Supervising Deputy County Counsel

Date _____

Reviewed for Contract Compliance



Date _____

Reviewed/Approved by Department



Andrew Goldfrach, ARMC Chief Executive Officer

Date _____