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



| ( | • | ^ | n | f r | . 2 | ct | N    | h  | ım | h | Δ | r |
|---|---|---|---|-----|-----|----|------|----|----|---|---|---|
| ١ | u | u | H | LI  | a   | GL | . 17 | ٩U |    | ш | е | ı |

20-547 A-2

**SAP Number** 

# **Inland Counties Emergency Medical Agency**

| <b>Department Contract Representative</b> | Daniel Muñoz                 |  |  |
|---|------------------------------|--|--|
| Telephone Number                          | 388-5807                     |  |  |
|   |                              |  |  |
|   |                              |  |  |
| Contractor                                | Arrowhead Regional Medical   |  |  |
|   | Center                       |  |  |
| Contractor Representative                 | Andrew Goldfrach, Director   |  |  |
| Telephone Number                          | (909) 580-6150               |  |  |
| Contract Term                             | July 1, 2020 – June 30, 2029 |  |  |
| Original Contract Amount                  | \$95,225                     |  |  |
| Amendment Amount                          |                              |  |  |
| Total Contract Amount                     | \$171,405                    |  |  |
| Cost Center                               | 1110002686                   |  |  |
| Grant Number (if applicable)              |                              |  |  |

### IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, **INLAND COUNTIES EMERGENCY MEDICAL AGENCY** (hereinafter referred to as "**ICEMA**") which is the local emergency medical services (EMS) agency for San Bernardino County and San Bernardino County on behalf of Arrowhead Regional Medical Center (hereinafter referred to as "**HOSPITAL**"), which maintains an acute care hospital located in San Bernardino County, California, entered into MOU No 20-547 on June 23, 2020 for designation of HOSPITAL by ICEMA as a Primary Stroke facility. ICEMA and HOSPITAL are hereinafter collectively referred to as the "Parties"; and

WHEREAS, on November 17, 2020, **ICEMA** and **HOSPITAL** entered into Amendment No. 1 to MOU No. 20-547 to redesignate **HOSPITAL** as a Comprehensive Stroke Receiving Center; and

WHEREAS, **ICEMA** and **HOSPITAL** now desire to amend MOU No. 20-547 to extend the term of the MOU for the period of July 1, 2025, through June 30, 2029.

NOW, THEREFORE, in consideration of the mutual covenants and conditions, the parties hereto agree MOU No. 20-547 ("MOU") is amended as follows:

1. Effective July 1, 2025, DELETE in its entirety the existing **Paragraph 2, TERM OF MOU**, and SUBSTITUTE therefore the following as a new **Paragraph 2, TERM OF MOU**:

Standard Contract Page 1 of 3

## "2. TERM OF MOU

The term of this MOU is effective July 1, 2020 and expires on June 30, 2029 but may be terminated earlier in accordance with provisions of this MOU."

- 2. All other provisions and terms of the MOU shall remain the same and are hereby incorporated by reference. In the event of any conflict between the MOU and this Second Amendment, the terms and conditions of this Second Amendment shall control.
- 3. 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 mail 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.

**END OF AMENDMENT.** 

Revised 7/1/24 Page 2 of 3

**IN WITNESS THEREOF**, ICEMA and HOSPITAL have executed this Second Amendment to be effective upon execution by both parties.

## INLAND COUNTIES EMERGENCY MEDICAL AGENCY

John Tubbs II, Deputy County Counsel

| •   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| Dawn Rowe, Chair, Board of Directors                                |                                  |                                 |
| Dated:  |                                  |                                 |
| SIGNED AND CERTIFIED THAT A COP                                     | Y OF THIS                        |                                 |
| DOCUMENT HAS BEEN DELIVERED T<br>CHAIR OF THE BOARD                 | O THE                            |                                 |
| Lynna Monell,<br>Secretary of the Board                             | d of Directors                   |                                 |
| Ву  |                                  |                                 |
| ByDeputy  |                                  |                                 |
|   |                                  |                                 |
| SAN BERNARDINO COUTY ON BEHALF O<br>ARROWHEAD REGIONAL MEDICAL CENT |                                  |                                 |
| <b>•</b>  |                                  |                                 |
| Dawn Rowe, Chair, Board of Supervisors                              | S                                |                                 |
| Dated:  |                                  |                                 |
| SIGNED AND CERTIFIED THAT A COP                                     | Y OF THIS                        |                                 |
| DOCUMENT HAS BEEN DELIVERED T<br>CHAIR OF THE BOARD                 | O THE                            |                                 |
| Lynna Monell  |                                  |                                 |
| Clerk of the Board of S<br>San Bernardino Count                     | Supervisors of<br>Sy             |                                 |
| Ву  |                                  |                                 |
| ByDeputy  |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
|   |                                  |                                 |
| FOR COUNTY USE ONLY   |                                  |                                 |
| Approved as to Legal Form   | Reviewed for Contract Compliance | Reviewed/Approved by Department |
|   |                                  |                                 |

Revised 7/1/24 Page 3 of 3

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_