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

SAN BERNARDINO COUNTY

Contract Number 20-574

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Leasing Associates of Barrington, Inc.
Contractor Representative	Kristin Hall
Telephone Number	
Contract Term	September 11, 2020 through September 10, 2022
Original Contract Amount	$19,608.00
Amendment Amount	
Total Contract Amount	$19,608.00
Cost Center	

Briefly describe the general nature of the contract: Rental Agreement No. 15-290 with Leasing Associates of Barrington, Inc. for an amount not to exceed $19,608, for lease of urinalysis equipment, for the two-year term of September 11, 2020 through September 10, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Charles Phan, Deputy County Counsel		William L. Gilbert, Director
Date 7/1/2020	Date	Date 7/1/2020

January 28, 2020

ELECTION OF END OF LEASE OPTIONS ("OPTION NOTICE")

TO: **LEASING ASSOCIATES OF BARRINGTON, INC., ("Lessor"/"You")**
220 N. River Street, East Dundee, IL 60118

FROM: **COUNTY OF SAN BERNARDINO on behalf of ARROWHEAD REGIONAL MEDICAL CENTER ("Lessee"/"We")**
Colton, CA

Reference: **Lease Agreement No. 11556000 dated March 4, 2015 between Lessor and Lessee ("Lease")**

Equipment: SIEMENS HEALTHCARE DIAGNOSTICS CLINITEK AUWi PRO AUTOMATED URINALYSIS SYSTEM WITH ONE (1) CLINITEK NOVUS URINE CHEMISTRY ANALYZER AND ONE (1) SYSMEX UF-1000i URINE SEDIMENT ANALYZER

Initial Term: **60 Months** **Monthly Rental: $ 1,942.00**

Lease Commencement Date: September 10, 2015 **Lease Expiration Date ("Expiration Date"): September 10, 2020**

We acknowledge and agree that the above information is correct and the options indicated below are as offered by you. We elect the following option to be immediately effective on the latter of (a) the Expiration Date or (b) the date this executed Option Notice is received in your office in East Dundee, IL:

#1 Renew the Lease on a month-to-month basis at $ 1,942.00 per month. At any time during this option, Lessee may elect any one of the remaining options indicated below by giving Lessor 30 days prior notice of such intent.

#1a Renew the Lease for a term of twelve (12) months at $ 1,528.00 per month.

#1b Renew the Lease for a term of twenty-four (24) months at $ 817.00 per month.

#2 Purchase the Equipment for $ 19,473.00.

#2a Lease/Purchase the Equipment for a term of twelve (12) months at $ 1,698.00 per month. Title to the Equipment will pass to Lessee upon receipt of the final month's rental and fulfillment of all other obligations under the Lease.

#2b Lease/Purchase the Equipment for a term of twenty-four (24) months at $ 908.00 per month. Title to the Equipment will pass to Lessee upon receipt of the final month's rental and fulfillment of all other obligations under the Lease.

#3 Return the Equipment in accordance with the terms of the Lease **which include Lessee providing Lessor with written notice of its intent to return, not less than 30 days prior to return of the equipment.** Lessee agrees that the Equipment shall be returned complete, including all accessories and manuals, in good operating condition and performing to manufacturers specifications, normal wear and tear excepted ("required condition"). All costs relating to return including preparation for shipment, transportation charges to a point designated by Lessor, insurance, repair of any damage and any costs relating to restoring the Equipment to its required condition are the responsibility of Lessee. Shipments shall be prepaid by Lessee. Lessor will not accept collect deliveries. All shipments will be received subject to inspection by Lessor personnel, and any damages incurred during shipment will be the responsibility of Lessee, any claims that Lessee may bring against the carrier notwithstanding.

We further acknowledge and agree that

(a) in accordance with the terms of the Lease, should this executed Option Notice not be received in your office in East Dundee, IL on or before the Expiration Date, Option #1 will automatically be in effect until this Option Notice is so received. Our failure to return this Option Notice to you in no way mitigates our obligation to pay rent under Option #1.

(b) all payments relating to rental or purchase are subject to applicable state and local taxes.

(c) we are responsible for any personal property taxes assessed to you as owner of the Equipment.

(d) all amounts offered in the Option Notice are exclusive of provision of service, reagents and consumables.

(e) when executed, this Option Notice shall become a component of the Lease and all other terms and conditions of the Lease remain in full effect until the Equipment is either purchased or returned.

Lessee: COUNTY OF SAN BERNARDINO on behalf of ARROWHEAD REGIONAL MEDICAL CENTER

Curt Hagman

Name of Authorized Signer

Signature

Chairman, Board of Supervisors — July 14, 2020

Title — Execution Date

Date Received by Lessor
Effective Date of Option Election

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