

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



Contract Number
25-92 A-1

SAP Number
Non-financial

Department of Public Health

Department Contract Representative	Tarah Cendejas
Telephone Number	909-832-0807
Contractor	Montclair Hospital Medical Center
Contractor Representative	Gail Aviado, MSN, RN
Telephone Number	909-625-8192
Contract Term	February 15, 2025 through February 14, 2030
Original Contract Amount	\$0
Amendment Amount	\$0
Total Contract Amount	\$0
Cost Center	\$0
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:

Amendment No. 1 to non-financial Memorandum of Understanding No. 25-92 with Montclair Hospital Medical Center for the continuity of care of Federally Qualified Health Center patients to remove the billing arrangements provision, with no change to the term of February 15, 2025 through February 14, 2030.

FOR COUNTY USE ONLY

Approved as to Legal Form

Daniel Pasek (Seal: 18, 2025 17:08:45 PDT)

Daniel Pasek, Deputy County Counsel

Date 09/18/2025

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Date _____

MEMORANDUM OF UNDERSTANDING

AMENDMENT NO.1

It is hereby agreed to amend Contract No. 25-92 effective September 23, 2025 as follows:

4. BILLING ARRANGEMENTS

Paragraph is amended to read as follows:

4. Reserved.

10. MISCELLANEOUS SECTION K. NO VIOLATION

Paragraph 10. K. is amended to read as follows:

K. No Violation Neither party shall be deemed to be in violation of this MOU if it is, or reasonably determines it is, prevented from performing any of its duties or obligations for any reason beyond such party's control, including, without limitation, flood, storm, strikes, acts of God or the public enemy, or statute, ordinance, regulation, rule or action of any applicable governmental entity. The Parties shall at all times during the Term of the Agreement comply with and observe all applicable local, state and federal laws, rules and regulations that in any way apply to its business, and the Parties agree that they will not violate the Anti-Kickback Statute and the Stark Law.

11. INDEMNIFICATION AND INSURANCE REQUIREMENTS SECTION I. INSURANCE SPECIFICATIONS

Paragraph 11. I. 3 is amended to read as follows:

3. Reserved.

Paragraph 11 I. 5 is amended to read as follows:

5. Reserved.

Paragraph 11. I. 6 is amended to read as follows:

6. Reserved.

All other terms and conditions of Contract No. 25-92 remain in full force and effect.

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 Agreement upon request.

SAN BERNARDINO COUNTY

► *Dawn Rowe*

Dawn Rowe, Chair, Board of Supervisors

Dated: SEP 23 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

By *Lynna Monell*
Lynna Monell
Clerk of the Board of Supervisors
of the San Bernardino County
Deputy



MONTCLAIR HOSPITAL MEDICAL CENTER

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

By ► *Gail Aviado*
(Authorized signature - sign in blue ink)

Name Gail Aviado, MSN, RN
(Print or type name of person signing contract)

Title Chief Executive Officer
(Print or Type)

Dated: 9/2/2025
Address 5000 San Bernardino St.
Montclair, CA 91763

EXHIBIT A

Designated Representatives

Designated Representative for Hospital

Name: Gail Aviado, MSN, RN

Title: Chief Executive Officer

**Address: Montclair Hospital Medical Center
5000 San Bernardino St.
Montclair, CA 91763**

Telephone: (909) 625-8192

Emergency Telephone: (909) 625-8251

E-mail: gaviado@primehealthcare.com

Designated Representative for FQHC

Name: Melanie Bird-Livingston

Title: Public Health Division Chief

**Address: Public Health Administration
451 E. Vanderbilt Way Suite 200
San Bernardino, CA 92408**

Telephone: (909) 387-6461

Cell Phone: (909) 771-4223

E-mail: Melanie.Bird-Livingston@dph.sbcounty.gov

