

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



Contract Number
22-554 A-1

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach
Telephone Number	580-6150
Contractor	The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders
Contractor Representative	Diane J. Nugent, MD
Telephone Number	(949) 338-9630
Contract Term	July 1, 2022 through June 30, 2025
Original Contract Amount	
Amendment Amount	
Total Contract Amount	
Cost Center	9110004100

Briefly describe the general nature of the contract: Amendment No. 1 to Revenue Agreement No. 22-554 with The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders reduces the amount of potential revenue to \$523,932 under the Agreement as a result of a lack of allocation of funding by the State for future fiscal years.

FOR COUNTY USE ONLY

Approved as to Legal Form

Charles Phan, Supervising Deputy County Counsel

Date 5/24/2024

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Andrew Goldfrach, ARMC Chief Executive Officer

Date

5/28/2024

**AMENDMENT #1 TO NETWORKING CALIFORNIA
FOR SICKLE CELL CARE AGREEMENT**

This Amendment #1 to Networking California for Sickle Cell Care Agreement (this "Amendment") is entered into effective as of the date of last signature below by and between The Center for Comprehensive Care & Diagnosis of Inherited Blood Disorders, a California nonprofit, public benefit corporation ("CIBD"), and San Bernardino County, a political subdivision organized and existing under the constitution and the laws of the State of California, on behalf of its Arrowhead Regional Medical Center ("ARMC").

WHEREAS, CIBD and ARMC entered into a Networking California for Sickle Cell Care Agreement for the project entitled Networking California For Sickle Cell Care (the "Project") effective July 1, 2022 (the "Agreement"); and

WHEREAS, ARMC commenced work under the Workplan for the Project in the first quarter of Fiscal Year 22-23; and

WHEREAS, the State of California did not allocate funds for the Project for Fiscal Year 23-24 or Fiscal Year 24-25; and

WHEREAS, the parties desire to amend the Agreement to recognize the above;

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and for other good and valuable consideration, the parties, intending to be legally bound, covenant and agree as follows:

1. Section 6, Compensation to ARMC, is amended in its entirety to read as follows:

CIBD agrees to pay ARMC certain of its reasonable costs for the Work in accordance with the budget set forth in Attachment 1 of this Amendment but not to exceed \$523,932.00 in total for the Performance Period. The parties recognize that CIBD paid to ARMC the amount of \$63,125.94 for its reasonable costs of the Work performed in the first quarter of Fiscal Year 22-23. The parties acknowledge and agree that there remain \$460,806.06 available for ARMC's reasonable costs for the Work to be performed through June 30, 2025, which is the end of the Performance Period. ARMC shall submit a monthly invoice detailing the Work performed and related costs to CIBD by the 15th day of the following month. Unexpended funds remaining at the end of the Performance Period shall revert back to CIBD.

2. Except as modified by the foregoing, all other terms and conditions in the Agreement shall remain in full force and effect.
3. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Facsimile, electronic, and digital copies of this Amendment, including executed counterparts of this Amendment in PDF, are regarded as an original instrument by the parties.
4. Both parties have read, understand, and agree to the terms of this Amendment. Each of the undersigned represents that he or she is duly authorized to sign this Amendment.

[Signatures to follow on next page]

IN WITNESS WHEREOF, the parties hereto, intending to be legally bound, have executed this Amendment as of the dates set forth below.

SAN BERNARDINO COUNTY ON BEHALF OF ARROWHEAD REGIONAL MEDICAL CENTER

By: *Dawn Rowe*
Name: **Dawn Rowe**
Title: **Chair, Board of Supervisors**
Date: **JUN 11 2024**

THE CENTER FOR COMPREHENSIVE CARE & DIAGNOSIS OF INHERITED BLOOD DISORDERS

By: *Diane Nugent*
Name: Diane J. Nugent, MD
Title: President/Medical Director
Date: May 9, 2024

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: *[Signature]*



Attachment 1

Project Title: Arrowhead Regional Medical Center's Sickle Cell Disease Center for Excellence
 July 1, 2022 - June 30, 2025

Personnel	Total
Fringe Benefits	\$378,017
Travel	\$98,284
Equipment	\$0
Supplies	\$0
Contractual	\$0
Consultant	\$0
Other	\$0
TOTAL DIRECT	\$476,301
F & A	\$47,630
TOTAL DIRECT & F/A	\$523,932

Position Title	Name	Annual Salary	% of Time Spent on Program	% of Time Requested from NCSCC	Dollar Amount of Salary Requested from NCSCC	Fringe Benefit Rate	Dollar Amount of Fringe Benefit Requested from NCSCC	Annual Total (effort and fringe)	Project Total (effort and fringe)
RN Care Manager	TBD	\$104,748	100%	100%	\$110,032	26%	\$28,608	\$138,640	\$415,922
RN Care Manager	TBD	\$104,748	100%	100%	\$104,748	26%	\$27,234	\$131,982	\$395,948
Lead Social Service Practitioner	TBD	\$76,793	100%	100%	\$76,793	26%	\$19,966	\$96,759	\$290,278
ARMC Program Coordinator	TBD	\$86,444	100%	100%	\$86,444	26%	\$22,475	\$108,919	\$326,759
TOTAL	TOTAL	\$372,733	400%	400%	\$378,017	0%	\$98,284	\$476,301	\$1,428,907

Diana August