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

Contract Number

21-863 A-1

**SAP Number** 

## **Arrowhead Regional Medical Center**

Department Contract Representative Telephone Number	Andrew Goldfrach (909) 580-6150
Contractor	Pomona Valley Hospital Medical
	Center
Contractor Representative	Darlene McPherson-Ventura
Telephone Number	909-469-9495
Contract Term	November 16, 2021 through
	November 15, 2026
Original Contract Amount	N/A
Amendment Amount	N/A
Total Contract Amount	N/A
Cost Center	8142
Grant Number (if applicable)	N/A

## AMENDMENT NO. 1

This Amendment No. 1 (Amendment) dated as of the date fully executed is made by and between Pomona Valley Hospital Medical Center ("Receiving Hospital") and San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("Medical Center" or "ARMC"), and modifies the terms to the Affiliation Agreement for Fellowship Training with an effective date of November 16, 2021 ("Agreement") as follows:

- 1. Add the Program Letter of Agreement, attached to this Amendment, to Exhibit C of the Agreement.
- 2. Full Force and Effect. All other terms and conditions of the Agreement 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 Agreement.
- 4. Campaign Contribution Disclosure (SB 1439). Receiving Hospital has disclosed to the County using Schedule 1 - Campaign Contribution Disclosure Senate Bill 1439, attached hereto, whether it has made any campaign contributions of more than \$250 to any member of the County Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the 12 months before the date this Amendment was approved by the Board of Supervisors. Receiving Hospital acknowledges that under Government Code section 84308, Receiving

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Hospital is prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer for 12 months after the County's consideration of the Amendment.

In the event of a further amendment to the Agreement, the Receiving Hospital will provide the County a written statement disclosing any campaign contribution(s) of more than \$250 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Receiving Hospital or by a parent, subsidiary or otherwise related business entity of Receiving Hospital

5. Counterparts. 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 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.

SAN BERN	IARDINO COUNTY	POMONA VALLEY HOSPITAL MEDICAL CENTER
		(Print or type name of corporation, company, contractor, etc.)
•		By 🕨
Dawn Row	e, Chair, Board of Supervisors	(Authorized signature - sign in blue ink)
		Darlene Scafiddi
Dated:		Name
SIGNED A	ND CERTIFIED THAT A COPY OF THIS	(Print or type name of person signing contract)
DOCUMEN	IT HAS BEEN DELIVERED TO THE	
CHAIRMAN	N OF THE BOARD	<sub>Title</sub> COO
	Lynna Monell Clerk of the Board of Supervisors San Bernardino County	(Print or Type)
By		Dated:
J	Deputy	1798 North Garey Ave
		Address
		Pomona CA 91767

FOR COUNTY USE ONLY				
Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department		
Charles Phan, Supervising Deputy County Counsel	_ <b>_</b>	Andrew Goldfrach, ARMC Chief Executive Officer		
Date	Date	Date		



## SCHEDULE 1 Campaign Contribution Disclosure (SB 1439)

## **DEFINITIONS**

<u>Actively supporting the matter:</u> (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

<u>Agent:</u> A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

<u>Otherwise related entity</u>: An otherwise related entity is any for-profit organization/company which does not have a parent-subsidiary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

<u>Parent-Subsidiary Relationship</u>: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

Contractors must respond to the questions on the following page. All references to "Contractor" on this Schedule refer to "Receiving Hospital." If a question does not apply respond N/A or Not Applicable.

- 1. Name of Contractor: Pomena Valley Hospotal Medical Center
- 2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?

Yes 🖄 If yes, skip Question Nos. 3-4 and go to Question No. 5 No 🗆

- Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, <u>if</u> the individual actively supports the matter <u>and</u> has a financial interest in the decision;
- If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):
- 5 Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship
NA	

Name of agent(s) of Contractor;

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)
NIA		
NIM		

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter <u>and</u> (2) has a financial interest in the decision <u>and</u> (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):
Chaparral Medical Broup	Rakesh Sinha ND	

 Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name
NIA	

- 9. Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Board of Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?
  - No 🕅 If no, please skip Question No. 10.
  - Yes If yes, please continue to complete this form.
- 10. Name of Board of Supervisor Member or other County elected officer:

Name of Contributor:

Date(s) of Contribution(s):

Amount(s):

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Amendment, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$250 to any member of the Board of Supervisors or other County elected officer while award of this Amendment is being considered and for 12 months after a final decision by the County.