

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



**Contract Number**

21-416 A-3

**SAP Number**

4400017245

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	Andrew Goldfrach
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	The CBORD Group, Inc.
<b>Contractor Representative</b>	Tracy Smith
<b>Telephone Number</b>	(607) 330-3908
<b>Contract Term</b>	July 1, 2021 through June 30, 2026
<b>Original Contract Amount</b>	\$210,276
<b>Amendment Amount</b>	\$48,451
<b>Total Contract Amount</b>	\$258,727
<b>Cost Center</b>	
<b>Grant Number (if applicable)</b>	N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 3**

This Amendment No. 3 ("Amendment") dated as of the date of full execution, is made by and between The CBORD Group, Inc. (CBORD), and San Bernardino County on behalf of Arrowhead Regional Medical Center ("County" or "Customer") and modifies the terms of the Software Licensing, Online Services and Support Agreement with the effective date of June 8, 2021 ("Agreement"), as follows, effective on July 1, 2025:

1. The total contract amount for the fifth year in the Minimum Term of the Agreement shall not exceed \$258,727. Attachment 1, as attached hereto and incorporated herein provides the annual fees for year five as Annual Services Quote Q167772 in the amount of \$16,962.46 and Annual Services Quote Q167773 in the amount of \$31,488.47.
2. Delete Section 27.a. in its entirety and replace with the following:
  - a. The term of this Agreement will commence on July 1, 2021 and continue in effect until June 30, 2026 ("Minimum Term"), and the term of this Agreement may be renewed for one (1) additional term of one (1) year upon mutual agreement of the parties ("Renewal Term").

3. **Full Force and Effect.** All other terms and conditions of the Agreement, as amended, remain in full force and effect.
4. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement, as applicable.
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 Contract. 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 BERNARDINO COUNTY



Dawn Rowe, Chair, Board of Supervisors

Dated: JUN 10 2025

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

By

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

Deputy



The CBORD Group, Inc.

By



Beth Buchanan

(Authorized signature - sign in blue ink)

Name

Beth Buchanan

(Print or type name of person signing contract)

Title

Sr. Director, Contract Adm

(Print or Type)

Dated:

05/07/2025

Address

950 Danby Road, Suite 100C

Ithaca, NY 14850

**FOR COUNTY USE ONLY**

Approved as to Legal Form



Bonnie Uphold, Supervising Deputy County  
Counsel

Date

5/20/2025

Reviewed for Contract Compliance



Date

Reviewed/Approved by Department



Andrew Goldtrach, ARMC Chief Executive Officer

Date

5/21/25

ATTACHMENT 1



ANNUAL SERVICE QUOTE	
Date	3/21/2025
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q167772

The CBORD Group  
Inc. 950 Danby Road  
Suite 100C  
Ithaca NY  
14850 United  
States

Phone: 844.462.2673  
Fed ID #:20-1231681

For questions regarding this quote, please contact Billing at  
844.462.2673 or billing@cbord.com.

Bill To

Arrowhead Regional Medical Center  
400 N Pepper Ave  
Colton CA 92324  
United States

Contract #		Contract Term		Currency		
CON008388		7/1/2025-6/30/2026		USD		
Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
001269	County of San Bernardino on behalf of Arrowhead Regional Medical Center					
7	5	5	R-4NTR0073			
1			R-Odyssey PCS Interface to Oracle Hospitality RES 3700	7/1/2025-6/30/2026	\$314.09	\$1,570.45
2	1	1	R - HC - MCR7590163	7/1/2025-6/30/2026	\$552.00	\$552.00
			Oracle Hospitality RES 3700 Foundation 5-9 Point-of-Sale - System Perpetual			
3	1	1	R - HC - MCR7590168	7/1/2025-6/30/2026	\$310.00	\$310.00
			Oracle Hospitality RES 3700 PMS/SIM - System Perpetual			
4	5	5	R - HC - MCR7590173	7/1/2025-6/30/2026	\$310.00	\$1,550.00
			Oracle Hospitality RES 3700 Point-of-Sale - POS Client Perpetual			
5	2	2	R - HC - MCR7590174	7/1/2025-6/30/2026	\$310.00	\$620.00
			Oracle Hospitality RES 3700 Point-of-Sale - POS Client Perpetual (Manager Workstation)			
6	1	1	R-4CPR0052	7/1/2025-6/30/2026	\$157.83	\$157.83
			NLA R-Unitech Swipe Keyboard, Black, USB			
7	1	1	R-4SFT0028	7/1/2025-6/30/2026	\$4,187.80	\$4,187.80
			R-ODY PCS System-Small (under 5,000 cardholders)			
8	1	1	R-4SFT0099	7/1/2025-6/30/2026	\$169.10	\$169.10
			R-Crystal Reports XI Developer (for all existing imps)			
9	5	5	R - HC - MCR6080128	7/1/2025-6/30/2026	\$86.00	\$430.00

Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
			NLA R-APG Series 4000 dual media slotcash drawer5x5 Series 1			
10	5	5	R - HC - MCR6080134	7/1/2025-6/30/2026	\$77.32	\$386.60
			NLA R-LCD customer display with 18-inch pole: 240 by 64			
11	1	1	R-SFT7180044	7/1/2025-6/30/2026	\$241.62	\$241.62
			R-AdminWeb for ODYPCS Small			
12	1	1	R-SYB7590007	7/1/2025-6/30/2026	\$515.41	\$515.41
			NLA R-Conversion to Sybase CPU License for ODY PCS or ODY HMS			
13	1	1	R-SYB7590008	7/1/2025-6/30/2026	\$252.65	\$252.65
			NLA R-Sybase CPU License for ODYPCS			
14	5	5	R - HC - MCR6040399	7/1/2025-6/30/2026	\$420.00	\$2,100.00
			R-Adjust Stand High/Low Mount Display for Oracle Hosp WS6			
15	5	5	R - HC - MCR6080200	7/1/2025-6/30/2026	\$290.00	\$1,450.00
			R-Oracle Hosp WS610 w/ Atom proc, WIN10 IoT			
16	2	2	R - HC - 4MCR0055	7/1/2025-6/30/2026	\$437.00	\$874.00
			Epson TM-T88IV Thermal Receipt Printer with power supply, IDN (UWS5, UWS4LX, UWS4, KWS4)			
17	5	5	R - HC - 4MCR0063	7/1/2025-6/30/2026	\$319.00	\$1,595.00
			MICROS Scale			
<b>Subtotal for Location ID: 0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center</b>						<b>\$16,962.46</b>
						<b>Tax Amount \$0.00</b>
<b>Location Subtotal</b>						<b>\$16,962.46</b>

*Comments: If your institution requires a purchase order, please provide the purchase order number to [billing@cbord.com](mailto:billing@cbord.com). 2025 Annual Renewal*

<b>Remit To:</b>  The CBORD Group Inc. P.O. Box 933991 Atlanta, GA 31193-3991	<b>Wire Transfer To:</b>  Wells Fargo ABA 121000248 Acct. 2000042945419	<b>Subtotal</b>	\$16,962.46
		<b>Total Tax</b>	\$0.00
		<b>Estimated Shipping</b>	\$0.00
		<b>Grand Total</b>	<b>\$16,962.46</b>

At CBORD, we strive to maintain transparent and fair pricing for our customers. Due to potential changes in government-imposed tariffs, duties, or other regulatory charges ("Tariffs"), prices for certain goods may be subject to adjustment. If any new or increased Tariffs apply to your order after it has been placed but before delivery, we will notify you as soon as possible. Any necessary price adjustments will be communicated clearly before we finalize your order. Notwithstanding anything to the contrary in any related agreement, CBORD reserves the right to pass through any third-party charges, taxes, or fees, including but not limited to any manufacturer or supplier price increases or Tariffs.



ANNUAL SERVICE QUOTE	
Date	3/21/2025
Customer Name	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Quote #	Q167773

**The CBORD Group**  
**Inc. 950 Danby Road**  
**Suite 100C**  
**Ithaca NY**  
**14850 United**  
**States**

**Phone: 844.462.2673**  
**Fed ID #:20-1231681**

*For questions regarding this quote, please contact Billing at 844.462.2673 or billing@cbord.com.*

**Bill To**

Arrowhead Regional Medical Center  
400 N Pepper Ave  
Colton CA 92324  
United States

Contract #		Contract Term		Currency		
CON017785		7/1/2025-6/30/2026		USD		
Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
<b>0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center</b>						
1	1	1	R-SYBASE SERVER-ASA	7/1/2025-6/30/2026	\$225.48	\$225.48
2	6	6	R-Sybase Server-ASA	7/1/2025-6/30/2026	\$144.96	\$869.76
3	1	1	R-SYBASE W/S-ASA	7/1/2025-6/30/2026	\$10,994.90	\$10,994.90
			R-Sybase Workstation-ASA			
			R-SYSTEM			
			R-System License Fees Foodservice Suite Foodservice Manager System Tier 2 QTY 1 ; Inventory Control & Purchasing System Tier 2 QTY 1 ; Nutritional Accounting Module qty 1 Nutrition Service Suite Diet O ce System - Tier 1 QTY 1 Intake Analysis QTY 1 Single Site, Multi-User Fee Additional Workstations QTY 6			
4	1	1	R-W-CMND UPGRADE FROM USDA	7/1/2025-6/30/2026	\$692.59	\$692.59
5	6	6	R-Nutrient Database CBORD Master Upgrade From USDA	7/1/2025-6/30/2026	\$1,480.90	\$8,885.40
6	6	6	R-ADD W/S	7/1/2025-6/30/2026	\$143.47	\$860.82
			R-Individual Workstation License			
7	1	1	R-SYB7590005	7/1/2025-6/30/2026	\$1,090.12	\$1,090.12
			NLA R-Sybase ASA Workstation (for Client Workstation)			
8	1	1	SAS7681003	7/1/2025-6/30/2026	\$3,934.70	\$3,934.70
			CBORD Remote Support			
			R-W-HL7 ADT I/F			
			R-HL7 ADT Interface-Windows			



ANNUAL SERVICE QUOTE	
<b>Date</b>	3/21/2025
<b>Customer Name</b>	County of San Bernardino on behalf of Arrowhead Regional Medical Center
<b>Quote #</b>	Q167773

Location ID / Line #	Qty	Prorated Qty	Item Number / Description	Term	Unit Price	Ext. Price
9	1	1	R-W-HL7 ORDER I/F R-HL7 Diet Orders Interface-	7/1/2025-6/30/2026	\$3,934.70	\$3,934.70
<b>Subtotal for Location ID: 0012697 County of San Bernardino on behalf of Arrowhead Regional Medical Center</b>						<b>\$31,488.47</b>
<b>Tax Amount</b>						<b>\$0.00</b>
<b>Location Subtotal</b>						<b>\$31,488.47</b>

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<b>Remit To:</b>  The CBORD Group Inc. P.O. Box 933991 Atlanta, GA 31193-3991	<b>Wire Transfer To:</b>  Wells Fargo ABA 121000248 Acct. 2000042945419	<b>Subtotal</b>	\$31,488.47
		<b>Total Tax</b>	\$0.00
		<b>Estimated Shipping</b>	\$0.00
		<b>Grand Total</b>	<b>\$31,488.47</b>

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