

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



Contract Number

22-444-A3

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative	Andrew Goldfrach, ARMC Chief Executive Officer
Telephone Number	(909) 580-6150
Contractor	Kevin Perez, Resident
Contractor Representative	-----
Telephone Number	On File
Contract Term	Date of Execution through June 30, 2026
Original Contract Amount	\$0
Amendment Amount	-----
Total Contract Amount	-----
Cost Center	9182444200
Grant Number (if applicable)	-----

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

Effective July 1, 2025, San Bernardino County (County) and Kevin Perez (Contractor) agree that Contract No. 22-444 (Contract) for Contractor to participate in the general surgery residency program at County's Arrowhead Reginal Medical Center is hereby amended as follows:

(1) By replacing Section 7.1 in its entirety, with a new Section 7.1., which shall read as follows:

7.1. TERM

This contract shall be for the period commencing on the date it is fully executed through June 30, 2026. The Arrowhead Regional Medical Center Director is authorized to execute amendments to the Contract to extend the term for a maximum of one (1) successive one-year period. However, Residents on-call on the last contracted day are to remain in service through the following morning, until released from duty by the Residency Program Director.

This Amendment No. 3 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 No. 3. The parties shall be entitled to sign and transmit an electronic signature of this Amendment No. 3 (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 Amendment No. 3 upon request.

Except as amended, all other terms and conditions of the Contract remain as stated therein.

IN WITNESS WHEREOF, San Bernardino County and the Contractor have each caused the Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

Contractor Kevin Perez

▶ 

By ▶ 
Signed by:
(Contractor's Signature)

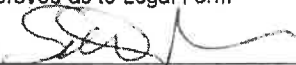
Name Andrew Goldfrach

Name Kevin Perez

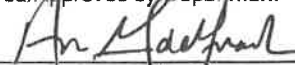
Dated: 6/27/2025

Dated: 06/25/2025

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ 
Scott M. Runyan, Principal Assistant County Counsel

Reviewed for Contract Compliance
▶ _____

Reviewed/Approved by Department
▶ 
Andrew Goldfrach, ARMC Chief Executive Officer

Date 6/17/25

Date _____

Date 6/27/2025



County of San Bernardino DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review prior to signature by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority does not eliminate the document submission requirements.

Department/Agency/Entity: Arrowhead Regional Medical Center

Contact Name: Shanice Johnson Telephone: 909 580-6235

Agreement No.: 22-444 Amendment No.: 3 Date of Board Item 6/28/22 Board Item No.: 25

Name of Contract Entity/Project Name: Kevin Perez, Resident

Explanation of request/Special Instructions:

Per BAI Item #25 dated 6/28/2022, the Board of Supervisors approved a Non-Financial Resident Employment Agreement with Kevin Perez for participation in the general surgery residency program at ARMC, effective upon execution through June 30, 2023. The Board also authorized the Director of ARMC to execute amendments to extend the term of the employment agreement for a maximum of four successive one-year periods on behalf of the County, subject to County Counsel review. The Director of ARMC approved the first one year extension on June 29, 2023, and the second one year extension on May 23, 2024.

At this time, the Director of ARMC desires to approve the third one year extension to the agreement, such that the employment agreement will expire on June 30, 2026.

Insert check mark that the following required documents are attached to this request:

- Documents proposed for signature (Note: For contracts, include a signed non-standard contract coversheet for contracts not submitted on a standard contract form).
- Board Agenda item that delegated the authority

Department Routed to County Counsel	County Counsel Name: Scott Runyan	Date Sent: 6/13/25
Reviewing County Counsel Use Only	Review Date <u>6/17/25</u> Signature	Determination: <input checked="" type="checkbox"/> Within Scope of Delegated Authority <input type="checkbox"/> Outside Scope of Delegated Authority



County of San Bernardino
DELEGATED AUTHORITY – DOCUMENT REVIEW FORM

CAO-Special Projects Use Only	Review Date <u>6/27/25</u> <u>Mona Garcia</u> Signature	Disposition: <input checked="" type="checkbox"/> Route for signature to: ___ Chair ___ CEO <input checked="" type="checkbox"/> Department ___ Return to Department for preparation of agenda item
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