



Contract Number

19-321 A-1

SAP Number

4400011579

Arrowhead Regional Medical Center

Department Contract Representative

Stefanie Heim, Social Services
Manager

Telephone Number

(909) 580-1070

Contractor

Premier Medical Transportation Inc.

Contractor Representative

Shelley Burnach

Telephone Number

(909) 269-1649

Contract Term

May 21, 2019 through May 20,
2024

Original Contract Amount

\$300,000.00

Amendment Amount

\$150,000.00

Total Contract Amount

\$450,000.00

Cost Center

AMENDMENT NO. 1

WHEREAS, the County of San Bernardino on behalf of Arrowhead Regional Medical Center ("County") and Premier Medical Transportation, Inc. ("Premier") entered into an agreement ("Contract") for non-emergency medical transportation services with an effective date of May 21, 2019 and a term of three (3) years; and

WHEREAS, ARMC and Premier desire to extend the term of the Contract by two years;

NOW, THEREFORE, effective as of the date this Amendment is fully executed by the parties, County and Premier agree to amend the Contract as follows:

1. Section D of the Contract is deleted in its entirety and replaced with the following:

D. TERM OF CONTRACT

This Contract is effective as of May 21, 2019 through May 20, 2024, but may be terminated earlier in accordance with the provisions of this Contract.

2. Section F.2 is added as follows:

F.2 The total contract amount shall not exceed \$450,000.00.

3. All other terms and conditions of the Contract shall remain in full force and effect.
4. 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.

COUNTY OF SAN BERNARDINO

►
Curt Hagman, Chairman, Board of Supervisors

Dated: _____
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 _____
Deputy

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

By ► [Signature]
(Authorized signature - sign in blue ink)

Name Jeff Grange
(Print or type name of person signing contract)

Title CEO
(Print or Type)

Dated: 4/24/2021

Address 1801 Orange Tree
Lane, Redlands, CA
92374

FOR COUNTY USE ONLY

Approved as to Legal Form
► [Signature]
Charles Phan, Deputy County Counsel
Date 4/30/2021

Reviewed for Contract Compliance
► _____
Date _____

Reviewed/Approved by Department
► [Signature]
William L. Gilbert, Director
Date 5/3/21