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



Co	ntr	act	Nu	ım	ber

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

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 BERNARDINO COUNTY	POMONA VALLEY HOSPITAL MEDICAL CENTER
1X O	(Print or type name of corporation, company, contractor, etc.)
· () aunm Rowe	By Darline Sufish
Dawn Rowe, Chair, Board of Supervisors	(Authorized signature sign in blue ink)
Danni Tono, Gram, Esans S. Sapsi Tools	Darlene Scafiddi
Dated: 0CT 0 8 2024	Name
SIGNED AND CERTIFIED THAT A COPY OF THIS	(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED TO THE	
CHAIRMAN OF THE BOARD	Title COO
Monell Wierk of the Board of Supervisors	(Print or Type)
Of the Board of Supervisors	2.1
COUNTE AN Bernarding County	8127 124
SALYBERNARDING	
By Carried Man	Dated:
Deputy	1798 North Garey Ave
Deputy	Address
ARDINO COUNTY	Pomona CA 91767
1853	,
ARDINO CO	
21140	

FOR COUNTY USE ONLY			A
Approved as le Legal Form	Reviewed for Contract Compliance	Reviewed	/Approved by Department
Charles Phan, Supervising Deputy County Counsel	b	Andrew G	m Mouther Executive Officer
Date 8/28/2024	Date	Date	8/28/2024



Campaign Contribution Disclosure (SB 1439)

DEFINITIONS

Actively supporting the matter: (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.

Agent: 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.

Otherwise related entity: 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: DMINA	Valley Hasp	Hal Usdica	2 Center		
	9		ernal Revenue Code section 501(c)(3)		
Yes 🖄 If yes, skip Question No	os. 3-4 and go to 0	Question No. 5	No □		
 Name of Principal (i.e., CEO/Pres matter <u>and</u> has a financial interes 			. 1, <u>if</u> the individual actively supports t		
 If the entity identified in Question traded ("closed corporation"), identified 			ess shareholders, and not publicly		
Name of any parent, subsidiary, of definitions above):	or otherwise relate	ed entity for the enti	ty listed in Question No. 1 (see		
Company Name	8		Relationship		
NIA					
Company Name	Agent(s)		Date Agent Retained (if less than 12 months prior)		
			_		
NlA					
awarded contract if the subcontra	actor (1) actively	supports the matte ntract with the Cour	I be providing services/work under to rand (2) has a financial interest in the new properties of the provided special district. Principal and/or Agent(s):		
Chaparral Medical Comp	Medical Bong Rakesh Sin				
		?) have a financial ii	ons 1-7, but who may (1) actively supporterest in the outcome of the decision dual(s) Name		
NIA					

!	Was a campaign contribution, of more than \$250, made to any member of the San Bernardino County Boof Supervisors or other County elected officer within the prior 12 months, by any of the individuals or entitisted in Question Nos. 1-8?	
	No (⊠ If no , please skip Question No. 10.	
	Yes If yes , please continue to complete this form.	
). 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 anyolisted made campaign contributions.	one

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.