



Contract Number

15-695 A-2

SAP Number

440004811

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	City of Colton
Contractor Representative	
Telephone Number	
Contract Term	October 1, 2015 through March 31, 2021
Original Contract Amount	\$4,473,317
Amendment Amount	\$442,474
Total Contract Amount	\$4,915,791
Cost Center	91xxxx4200

AMENDMENT NO. 2

The COUNTY OF SAN BERNARDINO on behalf of Arrowhead Regional Medical Center and CITY OF COLTON agree to amend the terms of the Contract fully executed between the parties on September 15, 2015, as previously amended on August 21, 2018, as follows, effective on October 1, 2020:

1. Amend Part X. TERM OF CONTRACT to read as follows:

X. TERM OF CONTRACT

This Contract shall be effective as of October 1, 2015 through March 31, 2021, but may be terminated earlier in accordance with the provisions of this Contract. The Director of ARMC is authorized to initiate the termination on behalf of the County.

The County and the Contractor each reserve the right to terminate the Contract, for any reason, with a sixty (60) day written notice of termination. Such termination may include all or part of the services described herein. Upon such termination, payment will be made to the Contractor for services rendered and expenses reasonably incurred prior to the effective date of termination. Upon receive of termination notice, Contractor shall promptly discontinue service unless the notice directs otherwise. Contractor shall

deliver promptly to County and transfer title (if necessary) all completed work, and work in progress, including drafts, documents, plans, forms, data, products, graphics, computer programs and reports.

2. Amend Section IV. E. as follows:

- E. From October 1, 2015 through September 30, 2020, reimburse Contractor upon receipt of monthly invoice per Section V. A. at the mutually agreed upon rates in Attachment A. From October 1, 2020 through March 31, 2021, reimburse Contractor upon receipt of monthly invoice per Section V.A. at the rate set forth below:

<u>Category of Cost</u>	<u>Monthly Cost</u>
(4) Police Officers Pay & Benefits	\$ 51,682.50
(4) Police Officer Equipment	\$ 1,580.67
(0.5) Sergeant Pay & Benefits	\$ 9,576.83
(0.5) Sergeant Equipment	\$ 453.42
Office Supplies	\$ 833.33
Police Administration/Support	\$ 9,619.00
Total	\$ 73,745.75

3. Amend Section V. A. as follows:

- A. Contractor shall provide itemized monthly invoices, in arrears, for services performed under this Contract within thirty (30) days of the end of the previous month, sent directly to ARMC Security Department, Attn: Chris Conner, based on the rates in Attachment A for the time period of October 1, 2015 through September 30, 2020 and based on the rates set forth in Section I.V. E., as modified by Amendment No. 2, for the time period of October 1, 2020 through March 31, 2021.

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

This Amendment No. 2 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.


***** SIGNATURE PAGE TO FOLLOW *****

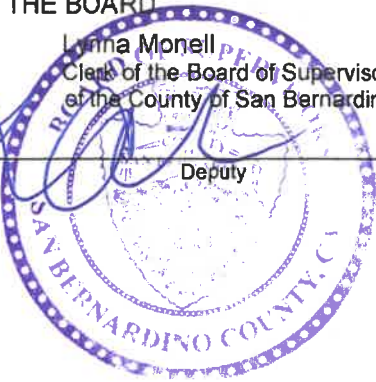
COUNTY OF SAN BERNARDINO

► 
Curt Hagman, Chairman, Board of Supervisors

Dated: SEP 15 2020


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

By 
Lorna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino
Deputy



CITY OF COLTON

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

By ► 
(Authorized signature - sign in blue ink)

Name William R. Smith
(Print or type name of person signing contract)

Title City Manager
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

► 
Charles Phan, Deputy County Counsel

Date 9/2/2020

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► 
William L. Gilbert, Director

Date 9/8/2020