



**Contract Number**

19-720 A-1

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	William L. Gilbert, Director
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Medico Professional Linen Services
<b>Contractor Representative</b>	Egbert Dugall
<b>Telephone Number</b>	(323) 313-3497
<b>Contract Term</b>	December 1, 2019 to November 30, 2024
<b>Original Contract Amount</b>	Not To Exceed \$7,500,000
<b>Amendment Amount</b>	Not To Exceed \$500,000
<b>Total Contract Amount</b>	Not To Exceed \$8,000,000
<b>Cost Center</b>	9184404200

### AMENDMENT NO. 1

Effective January 5, 2021, the COUNTY OF SAN BERNARDINO on behalf of Arrowhead Regional Medical Center ("ARMC") and MEDICO PROFESSIONAL LINEN SERVICES ("Medico") agree to amend the terms of the Agreement fully executed between the parties on November 5, 2019 (Agreement #19-720)(hereinafter known as the "Agreement"), as follows:

1. Add Section V. Under **"II. CONTRACTOR RESPONSIBILITIES"** of the Agreement to read:
  - V. Beginning on January 5, 2021, Contractor shall provide clean rental isolation gowns, in compliance with the specifications requested by ARMC, in the quantities requested by ARMC, on a recurring basis, at the prices set forth in Exhibit D.
2. Delete Section A under **"V. COUNTY RESPONSIBILITIES"** of the Agreement in its entirety and replace it with the following:
  - A. ARMC shall reimburse Contractor at mutually agreed upon rates in Exhibit A, Exhibit B, Exhibit C, and Exhibit D. All statements for services provided under this Agreement shall be submitted to ARMC on a monthly basis. All statements will be due and payable within 60 days of the date on the invoice.

3. Add Section F. under “ **V. COUNTY RESPONSIBILITIES**” of the Agreement to read:
  - F. For the period of January 5, 2021 through October 5, 2021, ARMC shall order, at a minimum, 17,500 rental isolation gowns per week at the unit price specified on Exhibit D. Contractor may bill ARMC \$10.50 per lost or damaged isolation gown.
4. Delete Section A under “**VI. FISCAL PROVISIONS**” of the Agreement in its entirety and replace with the following:

Contractor will be reimbursed based Exhibit A, Exhibit B, Exhibit C, and Exhibit D. The maximum amount of *payment* under this Contract shall not exceed *\$8,000,000.00 total for the five-year contract period*, and shall be subject to availability of other funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor’s services and expenses incurred in the performance hereof, including travel and per diem.
5. Exhibit “D” of this Amendment is added to the Agreement.
6. This Amendment may be terminated by the Director of ARMC with 30 days written notice to Contractor in the manner specified in Article **X. NOTICES**, of the Agreement.
7. Capitalized terms used but not defined in this Amendment shall have the respective meanings given to them in the Agreement.
8. All other terms and conditions of the Agreement shall remain in full force and effect

**[INTENTIONALLY LEFT BLANK]**

9. 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



\_\_\_\_\_, Chair, 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

MEDICO PROFESSIONAL LINEN SERVICES

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

By

\_\_\_\_\_  
(Authorized signature - sign in blue ink)

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Title \_\_\_\_\_  
(Print or Type)

Dated: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Charles Phan, Deputy County Counsel

Date \_\_\_\_\_

Reviewed for Contract Compliance

Date \_\_\_\_\_

Reviewed/Approved by Department

William L. Gilbert, Director

Date \_\_\_\_\_

**EXHIBIT "D"**  
Rental Rates for Isolation Gowns

<b><u>Item</u></b>	<b><u>Price</u></b>
Isolation gown	\$0.67 per gown