



Contract Number

SAP Number
4400005501

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	Praxair Distribution, Inc.
Contractor Representative	Jennifer Claggett
Telephone Number	(253) 954-6931
Contract Term	August 22, 2017 through August 21, 2022
Original Contract Amount	\$1,180,000
Amendment Amount	\$750,000
Total Contract Amount	\$1,930,000
Cost Center	

AMENDMENT NO. 1

The COUNTY OF SAN BERNARDINO on behalf of Arrowhead Regional Medical Center ("Buyer") and PRAXAIR DISTRIBUTION, INC. agree to amend the terms of the Product Supply Agreement with an effective date of August 22, 2017 ("Agreement"), as follows, effective on last date this Amendment No. 1 is executed by the parties:

1. Add Section 18 to the Product Supply Agreement as follows:

18. TOTAL CONTRACT AMOUNT

The total amount of purchases by Buyer under this Agreement shall not exceed \$1,930,000 during the term of the Agreement.

2. All other terms and conditions of the Agreement shall remain in full force and effect.
3. This Amendment No. 1 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

Praxair Distribution, Inc

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

By ► 
(Authorized signature - sign in blue ink)

Name Jennifer Claggett
(Print or type name of person signing contract)

Title Regional Business Manager
(Print or Type)

Dated: April 12, 2021

Address 10 Riverview Dr Danbury, CT 06810

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 _____

