



Contract Number

18-842 A-1

SAP Number

4400010228

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	(909) 580-6150
Contractor	Translogic Corporation, DBA Swisslog Healthcare Solutions
Contractor Representative	Jason Calborn
Telephone Number	(949) 390-4321
Contract Term	December 15, 2018 through December 14, 2024
Original Contract Amount	\$110,862
Amendment Amount	\$22,173
Total Contract Amount	\$133,034
Cost Center	9177104200

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

This Amendment No. 1 (this "Amendment") dated October 26, 2021 is made by and between Translogic Corporation, dba Swisslog Healthcare ("Swisslog"), and San Bernardino County ("Customer") and modifies the terms to Service and Support Agreement, Autopack SSA Proposal executed between the parties and effective as of December 15, 2018 ("Proposal").

1. Delete the Monthly Service & Support Agreement Pricing table, and replace with the following:

Monthly Service & Support Agreement Pricing

QTY	Product & Monthly Rate	Annual Fee
1	DEN Base w/o Canister and Workstation	\$15,290.31
1	AutoLabel Support	\$6,881.91
*The term of the support agreement is 72 months beginning December 15, 2018		
Swisslog will bill payments monthly, annually or quarterly based on your preference against the PO.		\$133,033.32

- 2. Full Force and Effect.** The Proposal, as amended by this Amendment, remains 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 Proposal.
- 4. 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

TRANSLOGIC CORPORATION dba SWISSLOG
HEALTHCARE

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

►

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
San Bernardino County

By _____
Deputy

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

►

Bonnie Uphold, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

►

Date _____

Reviewed/Approved by Department

►

Date _____