

AMENDMENT NUMBER ONE
OF
STANDARD SERVICES AGREEMENT
FOR
EMERGENCY MEDICAL SERVICES AGENCY ADMINISTRATION
BETWEEN
COUNTY OF MENDOCINO AND COUNTY OF SONOMA

On May 18, 2016 the County of Mendocino (hereinafter "Mendocino") and the County of Sonoma (hereinafter "Sonoma") entered into an agreement for emergency medical services agency administration (hereinafter "Agreement").

Pursuant to Section VIII (Term and Termination), paragraph C and Section X (Amendment/Modification) of the Agreement, the parties hereby evidence their intent and desire to modify the Agreement as follows:

1. Term Extension.

By execution of this Amendment Number 1, the parties agree to the extension of the Agreement through September 30, 2019, unless terminated earlier in accordance with the provisions of the Agreement.

2. Compensation.

For the period July 1, 2019 through September 30, 2019, Mendocino shall issue payment to Sonoma in the amount of \$23,750 for administration of the Emergency Medical Services (EMS) Agency.

In addition, for the period July 1, 2019 through September 30, 2019, Mendocino will pay Sonoma \$3,125 to support the pro rata proportion of the EMS, fire, and hospital emergency communication data system, ImageTrend.

Except as expressly modified herein, all terms and conditions of Agreement shall remain in full force and effect.

§ The remainder of this page has intentionally been left blank. §

IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their representatives this 18th day of June, 2019.

DEPARTMENT FISCAL REVIEW:

By: Tammy Moss Chandler
Tammy Moss Chandler, Director
Health and Human Services Agency

Date: 6/9/19

Budgeted: ☒ Yes ☐ No

Budget Unit: 4016

Line Item: 86-3280

Org/Object Code: EM

Grant: ☐ Yes ☒ No

COUNTY OF MENDOCINO

By: Carre Brown
CARRE BROWN, Chair
BOARD OF SUPERVISORS

Date: JUN 20 2019

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Karlo Vant Hagen
Deputy JUN 25 2019

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: Karlo Vant Hagen
Deputy JUN 25 2019

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 6/10/19

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☒ EB# 18-358

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____

CONTRACTOR/COMPANY NAME

By: See Page 3
Barbie Robinson, Director
Department of Health Services

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

County of Sonoma
Department of Health Services, CVEMS
195 Concourse Blvd., Unit B
Santa Rosa, CA 95403

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: Chloe W. G.
Deputy

Date: 6/10/2019

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle
Deputy CEO

Date: 6/10/19

IN WITNESS WHEREOF, the parties have caused this modification to be duly executed by their representatives this _____ day of _____, 2019.

DEPARTMENT FISCAL REVIEW:

By: See Page 2
Tammy Moss Chandler, Director
Health and Human Services Agency

Date: _____

Budgeted: ☒ Yes ☐ No

Budget Unit: 4016

Line Item: 86-3280

Org/Object Code: EM

Grant: ☐ Yes ☒ No

COUNTY OF MENDOCINO

By: _____
CARRE BROWN, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

CARMEL J. ANGELO, Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

By: _____
Risk Management

Date: _____

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☒ EB# _____

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____

CONTRACTOR/COMPANY NAME

By: Russell W. Carpenter for
Barbie Robinson, Director
Department of Health Services

Date: 6/11/2019

NAME AND ADDRESS OF CONTRACTOR:

County of Sonoma
Department of Health Services, CVEMS
195 Concourse Blvd., Unit B
Santa Rosa, CA 95403

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

KATHARINE L. ELLIOTT,
County Counsel

By: _____
Deputy

Date: _____

EXECUTIVE OFFICE/FISCAL REVIEW:

By: _____
Deputy CEO

Date: _____