

**AMENDMENT TO
AGREEMENT NO. PH-13-049**

This Amendment to Agreement No. PH-13-049 is entered into this _____ day of _____, 2018, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Mendocino Coast District Hospital**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Agreement No. PH-13-049 was entered into on January 3, 2014; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and Mendocino Coast District Hospital, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to extend the termination date set out in the original Agreement No. PH-13-049, from June 30, 2018 to June 30, 2019; and

WHEREAS, it is the desire of the CONTRACTOR and COUNTY to increase the amount set out in the original Agreement No. PH-13-049, from \$50,000 to \$60,994; and

WHEREAS, CONTRACTOR will act as a Base Hospital to provide medical direction to the prehospital emergency medical care providers.

NOW, THEREFORE, we agree as follows:

1. **Termination Date:** The termination date set out in the original Agreement No. PH-13-049 will be extended from June 30, 2018 to June 30, 2019 to include Fiscal Year 2018-19.
2. **Amount:** The amount set out in the original Agreement No. PH-13-049 will be increased from \$50,000 to \$60,994. The additional \$10,994 is to cover Fiscal Year 2018-19 costs.

All other terms and conditions of Agreement No. PH-13-049 shall remain in full force and effect.

**IN WITNESS WHEREOF
DEPARTMENT FISCAL REVIEW:**

By: Tammy Moss Chandler
Tammy Moss Chandler, HHSA Director

Date: 10/31/18

Budget Information: Revenues associated with this Agreement are paid directly to Coastal Valleys EMS Agency and do not appear in the County's or HHSA's budget.

COASTAL VALLEY EMS

By: Bryan Cleaver
Bryan Cleaver, EMS Agency Director

Date: 10/29/18

COUNTY OF MENDOCINO

By: Dan Hamburg
~~DAN HAMBURG~~, Chair Carrie Brown
BOARD OF SUPERVISORS

Date: AUG 29 2019

ATTEST:

CARMEL J. ANGELO, Clerk of said Board

By: Carmel J. Angelo
Deputy AUG 29 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: Carmel J. Angelo
Deputy AUG 29 2019

INSURANCE REVIEW:

By: Carmel J. Angelo
Risk Management

Date: 11/2/18

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

Exception to Bid Process Required/Completed ☐

Exempt Pursuant to MCC Section: Exempt

CONTRACTOR/COMPANY NAME

By: Wayne Allen
Mike Ellis, Financial Officer Wayne Allen
Interim CEO

Date: 7-24-19

NAME AND ADDRESS OF CONTRACTOR:

Mendocino Coast District Hospital

700 River Dr.

Fort Bragg, CA 95437

REVIEWED AS TO FORM:

BY: Wayne Allen

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: Katharine L. Elliott
Deputy

Date: 11/1/18

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Danilo Antle
Deputy CEO

Date: 11/6/18