AMENDMENT No. 1 TO PARAMEDIC SERVICE PROVIDER AGREEMENT BETWEEN COUNTY OF MONTEREY AND CITY OF MONTEREY

THIS AMENDMENT No. 1 is made to the Paramedic Service Provider Agreement ("AGREEMENT") by and between the City of Monterey hereinafter referred to as "PROVIDER," and the County of Monterey, a political subdivision of the State of California, acting through its Emergency Medical Services Agency (EMSA), hereinafter referred to as "COUNTY."

WHEREAS, on or about September 4, 2018, COUNTY and PROVIDER entered into an AGREEMENT for the provision of paramedic services in the County of Monterey for a period from September 4, 2018 to January 31,2020; and

WHEREAS, COUNTY and PROVIDER wish to amend the AGREEMENT to extend the AGREEMENT for a period of two (2) years to January 31, 2022.

NOW THEREFORE, COUNTY and PROVIDER hereby agree to amend the AGREEMENT in the following manner:

- 1. Section 1 of Term of Agreement shall be amended by removing "Once signed by the authorized representatives for all parties, this agreement becomes effective at 8:00 a.m. on September 4, 2018 and shall continue until the end of the next Monterey County Operating Area Ambulance 911 Provider Contract Cycle on January 31, 2020," and replacing it with "Once signed by the authorized representatives for all parties, this agreement becomes effective at 8:00 a.m. on September 4, 2018 and shall continue until January 31, 2022."
- 2. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT shall continue in full force and effect.
- 3. A copy of AMENDMENT No. 1 shall be attached to the original AGREEMENT dated September 4, 2018 and shall be incorporated therein as if fully set forth in the AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have executed this AMENDMENT No. 1 as of the last date opposite the respective signatures below.

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COUNTY OF MONTEREY		PROVIDER
By: Department Head (if applicable)		City of Monterey
Date: 02/13/2020		Contractor's Business Name*
By: EMS Agency Director	By:	Hans lel
Date: 2/3/20		City Manager
Approved as to Form ¹		Haus Uslar CITYMANNESSE
By:	Date:	Name and Title
Date: County/Counsel	Date:	OIICA WALL
Approved as to Fiscal Provisions ²	By:	(Alla)
By: Auditor/Controller		
Date: 2/10/2020		CAUDENT PANHOLLER, FIRE CRIEK Name and Title
	Date:	1-22-2010
Approved as to Liability Provisions ³	Date.	
By:		
Risk Management		
Date:		

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

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¹Approval by the Office of the County Counsel is required for all Agreement.

²Approval by the Auditor/Controller's Office is required for all Agreements.

³Approval by Risk Management is required if changes are made to Insurance and Indemnification Provisions.