

**AMENDMENT No. 1 TO PARAMEDIC SERVICE PROVIDER AGREEMENT
BETWEEN
COUNTY OF MONTEREY
AND
CYPRESS FIRE PROTECTION DISTRICT**

THIS AMENDMENT No. 1 is made to the Paramedic Service Provider Agreement (“AGREEMENT”) by and between the Cypress Fire Protection District 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 July 1, 2018, 2018, COUNTY and PROVIDER entered into an AGREEMENT for the provision of paramedic services in the County of Monterey for a period from July 1, 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 12:00 a.m. on July 1, 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 12:00 a.m. on July 1, 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 July 1, 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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AND
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COUNTY OF MONTEREY

PROVIDER

By: *[Signature]*
Department Head (if applicable)

Date: 02/13/2020

By: *[Signature]*
EMS Agency Director

Date: 2/13/20

Approved as to Form¹
By: *[Signature]*
County Counsel

Date: 2/15/2020

Approved as to Fiscal Provisions²
By: *[Signature]*
Auditor/Controller

Date: 2/10/2020

Approved as to Liability Provisions³
By: _____
Risk Management

Date: _____

Cypress Fire Protection District
Contractor's Business Name*

By: *[Signature]*
City Manager

[Signature]
Name and Title

Date: 1/23/2020

By: _____

Name and Title

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.

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.