

AGREEMENT TO RETROACTIVELY RENEW AGREEMENT BETWEEN THE COUNTY OF MONTEREY & MONTEREY COUNTY REGIONAL FIRE DISTRICT

THIS AGREEMENT is made to retroactively renew AGREEMENT dated March 28, 2012 for the provision of paramedic services in the County of Monterey between the **Monterey County Regional Fire District**, hereinafter “**PROVIDER**”, and the **County of Monterey**, a political subdivision of the State of California, hereinafter referred to as “**COUNTY**” and to extend AGREEMENT term through and including June 30, 2017.

WHEREAS, the COUNTY and PROVIDER wish to retroactively renew AGREEMENT,

WHEREAS, the COUNTY and PROVIDER wish to extend the term through and including June 30, 2017,

NOW THEREFORE, the COUNTY and PROVIDER hereby agree to retroactively renew AGREEMENT and to update the following terms and conditions;

1. Section 1 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 March 28, 2012 and shall continue for a period of four (4) years,” and replacing it with “**Once signed by the authorized representatives for all parties, this agreement becomes effective at 8:00 a.m. on March 28, 2012 and shall continue through June 30, 2017.**”
2. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AGREEMENT TO RETROACTIVELY RENEW and shall continue in full force and effect as set forth in the AGREEMENT.
3. A copy of the AGREEMENT TO RETROACTIVELY RENEW shall be attached to the original AGREEMENT dated March 20, 2012.

IN WITNESS WHEREOF, the COUNTY and PROVIDER execute this reinstatement of AGREEMENT as of the last date opposite the respective signatures below:

COUNTY OF MONTEREY

PROVIDER

By: 
Michael Petrie, EMSA Director

Monterey County Regional
Fire Protection District

Entity Name

Date: 3/16/17

By: _____
Department Head (if applicable)


By: 

Date: _____

Approved as to Legal Form

Warren Poitres, Board Pres.

Name and Title


By: 
County Counsel

Date: _____

Date: 2/10/17

Approved as to Fiscal Provisions

By: _____

By: 
Auditor/Controller

Date: 2/7/17

Name and Title

Approved as to Liability Provisions

Date: _____

By: _____
Risk Management

Date: _____