

**AGREEMENT TO RETROACTIVELY RENEW AGREEMENT
BETWEEN THE COUNTY OF MONTEREY &
CITY OF SALINAS**

THIS AGREEMENT is made to retroactively renew AGREEMENT dated January 10, 2012 for the provision of paramedic services in the County of Monterey between the **City of Salinas**, 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 1/10/2012 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 January 10, 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 January 10, 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

By: _____
Michael Petrie, EMSA Director

Date: _____

By: _____
Department Head (if applicable)

Date: _____

Approved as to Legal Form

By: _____
County Counsel

Date: 2/10/17

Approved as to Fiscal Provisions

By: _____
Auditor/Controller

Date: 2/7/17

Approved as to Liability Provisions

By: _____
Risk Management

Date: _____

PROVIDER

City of Salinas
Entity Name*

By: _____

Ray E. Corpuz, Jr., City Manager
Name and Title

Date: December 7, 2016

By: _____

Christopher Callihan, City Attorney
Name and Title

Date: December 7, 2016