AMENDMENT No. 1 TO EMERGENCY MEDICAL SERVICES AND AIR AMBULANCE SERVICE PROVIDER AGREEMENT BETWEEN COUNTY OF MONTEREY AND MERCY AIR SERVICE, INC.

THIS AMENDMENT No. 1 is made to the Emergency Medical Services and Air Ambulance Service Provider Agreement ("AGREEMENT") by and between Mercy Air Service, Inc., 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 June 9, 2017, 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 2.1 of Term of Agreement shall be amended by removing "This Agreement shall be effective as of 12:00a.m. on May 16, 2017 and shall be in full force and effect until 11:59 p.m. February 1, 2020,"and replacing it with "This Agreement shall be effective as of 12:00a.m. on May 16, 2017 and shall be in full force and effect until 11:59 p.m. February 1, 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 June 9, 2017 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.

AMENDMENT No. 1 TO EMERGENCY MEDICAL SERVICES AND AIR AMBULANCE SERVICE PROVIDER AGREEMENT BETWEEN

COUNTY OF MONTEREY AND

MERCY AIR SERVICE, INC.

	COUNTY OF MONTEREY		PROVIDER
By:	Department Head (if applicable)		Mercy Air Service, Inc.
Date:	OLINIZO		Contractor's Business Name*
By:	EMS Agency Director	By:	Rlag
Date:	1/29/20		President
Approved as to Form			James R. Caryl Vice Presid
By:	/ Covinty Counsel	Date:	Name and Title
Date:		Date.	
Approved a	s to Fiscal Provisions ²	By:	
By:	Auditor/Controller		
Date:	1/30/2020		
			Name and Title
		Date:	
Approved as to Liability Provisions ³			
By:	//-Risk Management		
Date:	//3/2020		

*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.

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