

**AMENDMENT No. 1 TO ELECTRONIC PATIENT CARE REPORTING (ePCR)
AGREEMENT
BETWEEN
COUNTY OF MONTEREY
AND
ESO SOLUTIONS, INC.**

THIS AMENDMENT No. 1 is made to the Electronic Patient Care Reporting (ePCR) Agreement (“AGREEMENT”) by and between ESO Solutions, Inc., hereinafter referred to as “CONTRACTOR,” and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as “COUNTY.”

WHEREAS, on or about March 31, 2017, COUNTY and CONTRACTOR entered into an AGREEMENT for the provision of Electronic Patient Care Reporting (ePCR) solution for all county first responder, transport, hospitals, and communication agencies for a period from March 31, 2017 to March 30,2020; and

WHEREAS, COUNTY and CONTRACTOR wish to amend the AGREEMENT to extend the AGREEMENT for a period of two (2) years to March 30, 2022.

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

1. Section 7.1 of the AGREEMENT shall be amended by removing “The term of the AGREEMENT shall be from March 31, 2017 through March 30, 2020” and replacing it with “The term of the AGREEMENT shall be from March 31, 2017 through March 30, 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 March 31, 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 ELECTRONIC PATIENT CARE REPORTING (ePCR) AGREEMENT BETWEEN COUNTY OF MONTEREY AND ESO SOLUTIONS, INC.

COUNTY OF MONTEREY

CONTRACTOR

By: [Signature] Department Head (if applicable) Date: 04/02/2020

ESO Solutions, Inc. Contractor's Business Name*

By: [Signature] EMS Agency Director Date: 3/23/20

By: [Signature]

Approved as to Form¹

Matt Walker, Chief Operating Officer

By: [Signature] County Counsel Date: 3-25-2020

Name and Title Date: March 18, 2020

Approved as to Fiscal Provisions²

By: _____

By: [Signature] Auditor/Controller Date: 3/27/2020

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.