

**CONTRACT AMENDMENT AGREEMENT  
(Purchase of Services – Long Form)**

Number: F4577300  
Fund/Org: 204000/7040  
Account: 2310  
Other:

1. **Identification of Contract to be Amended.**

Number: F4577300

Effective Date: January 1, 2016

Department: Contra Costa County Fire Protection District

Subject: Emergency Ambulance Services

2. **Parties.** The County of Contra Costa, California (County), for its Department named above, and the following named Contractor mutually agree and promise as follows:

Contractor: American Medical Response West

Capacity: California Corporation

Address: 2400 Bisso Lane, Concord, CA 94520

3. **Amendment Date.** The effective date of this Contract Amendment Agreement is April 1, 2018.

4. **Amendment Specifications.** The Contract identified above is hereby amended as set forth in the “Amendment Specifications” attached hereto which are incorporated herein by reference.

5. **Signatures.** These signatures attest the parties’ agreement hereto:

**COUNTY OF CONTRA COSTA, CALIFORNIA**

<p>BOARD OF SUPERVISORS</p> <p>By: _____ Chair/Designee</p>	<p>ATTEST: Clerk of the Board of Supervisors</p> <p>By: _____ Deputy</p>
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**CONTRACTOR**

<p>Signature A Name of business entity:</p> <p>By: _____ (Signature of individual or officer)</p> <p>_____ (Print name and title A, if applicable)</p>	<p>Signature B Name of business entity:</p> <p>By: _____ (Signature of individual or officer)</p> <p>_____ (Print name and title B, if applicable)</p>
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**Note to Contractor:** For corporations (profit or nonprofit) and limited liability companies, the contract must be signed by two officers. Signature A must be that of the chairman of the board, president, or vice-president; and Signature B must be that of the secretary, any assistant secretary, chief financial officer or any assistant treasurer (Civil Code Section 1190 and Corporations Code Section 313). All signatures must be acknowledged as set forth on Form L-2.

**AMENDMENT SPECIFICATIONS**

For good and valuable consideration, Contractor and District hereby amend the Contract as follows:

1. Exhibit D of the Service Plan (L-3) of the Contract is hereby deleted in its entirety and replaced with Exhibit D attached to this Amendment.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
District

**SERVICE PLAN  
(Purchase of Services - Long Form)**

Exhibit D

Ambulance Unit Hours Rates

Ambulance Unit Hours Per Week	Ambulance Unit Hour Rate
4,501 - 4,668	\$ 147.70
4,669 - 4,836	\$ 144.22
4,837 - 5,004	\$ 140.96
5,005 - 5,172	\$ 137.94
5,173 - 5,340	\$ 135.11
5,341 - 5,508	\$ 134.06
5,509 - 5,676	\$ 133.07
5,677 - 5,844	\$ 132.14
5,845 and over	\$ 131.26

Initials: \_\_\_\_\_  
Contractor                      District