Contra Costa County Standard Form L8 Revised 2014

BOARD OF SUPERVISORS

CONTRACT EXTENSION AGREEMENT

(Purchase of Services - Long Form)

 Number
 23-055-23

 Fund/Org #
 As Coded

 Account #
 As Coded

 Other #
 #

1. Identification of Contract to be Extended.

Number: 23-055-19 (as amended by #23-055-20 through #23-055-22)

Effective Date: November 3, 2008

Department: Health Services – Emergency Medical Services (EMS) Division

Subject: Emergency Ambulance Services (Emergency Response Area 4)

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

Contractor: SAN RAMON VALLEY FIRE PROTECTION DISTRICT

Capacity: Independent Fire Protection District

Address: 1500 Bollinger Canyon Road, San Ramon, California 94583

- 3. <u>Extension of Term</u>. The termination date of the above described contract is hereby extended from <u>October 31, 2020</u> to the new termination date of <u>October 30, 2021</u>, unless sooner terminated as provided in said contract.
- 4. Payment Limit. The maximum amount payable by the County under this Contract is unchanged.
- 5. <u>Signatures</u>. These signatures attest the parties' agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

ATTEST:

Clerk of the Board of Supervisors

By	By XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CONTRACTOR	
Signature A	Signature B
Name of business entity	Name of business entity
San Ramon Valley Fire Protection District, an independent fire protection district	San Ramon Valley Fire Protection District, an independent fire protection district
By(Signature of individual or officer)	By(Signature of individual or officer)
(Print name and title A, if applicable)	(Print name and title B, if applicable)

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 L2.

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Contra Costa County Standard Form L-2 Revised 2014.2

ACKNOWLEDGMENTS/APPROVALS (Purchase of Services – Long Form)

Number <u>23-055-23</u>

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)	
COUNTY OF CONTRA COSTA)	
On(Date), before me,	(Name and Title of the Officer).
instrument and acknowledged to me that he/she/they	be the person(s) whose name(s) is/are subscribed to the within executed the same in his/her/their authorized capacity(ies), and person(s), or the entity upon behalf of which the person(s) acted
I certify under PENALTY OF PERJURY under the la and correct.	was of the State of California that the foregoing paragraph is true
WITNESS MY HAND AND OFFICIAL SE	EAL
Signature of Notary Public	Place Seal Above
	by Corporation, Partnership, or Individual) Sivil Code §1189)
AP	PROVALS
RECOMMENDED BY DEPARTMENT	FORM APPROVED COUNTY COUNSEL
By: Designee Designee	County Counsel approval not required By: <u>per September 12, 2006 Board Order</u> Deputy County Counsel
· ·	ΓΥ ADMINISTRATOR
By:	signee