

CONTRACT AMENDMENT AGREEMENT
(Purchase of Services - Long Form)

Number 26-283-11
 Fund/Org # As Coded
 Account # As Coded
 Other # _____

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

Number: 26-283-10
Effective Date: April 1, 2020
Department: Health Services
Subject: Unpaid student training agreement with Department, sponsored by Contractor

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: SAMUEL MERRITT UNIVERSITY
Capacity: California Corporation and Private Education Institution
Legal Address: 450 30th Street, Suite 2718, Oakland, California 94609
Mailing Address: 3100 Telegraph Avenue, Oakland, California 94609

3. **Amendment Date.** The effective date of this Contract Amendment Agreement is June 1, 2021.

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

BOARD OF SUPERVISORS By _____ <p style="text-align: right;">Chairman/Designee</p>	ATTEST: Clerk of the Board of Supervisors By <u>XX</u> <p style="text-align: right;">Deputy</p>
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CONTRACTOR

Signature A Name of business entity <p style="text-align: center;">Samuel Merritt University</p> _____ By _____ <p style="text-align: center;">(Signature of individual or officer)</p> _____ <p style="text-align: center;">(Print name and title A, if applicable)</p>	Signature B Name of business entity <p style="text-align: center;">Samuel Merritt University</p> _____ By _____ <p style="text-align: center;">(Signature of individual or officer)</p> _____ <p style="text-align: center;">(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.

ACKNOWLEDGMENTS/APPROVALS
(Purchase of Services – Long Form)

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),
personally
appeared _____, who
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and
that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true
and correct.

WITNESS MY HAND AND OFFICIAL SEAL

Signature of Notary Public



ACKNOWLEDGMENT (by Corporation, Partnership, or Individual)
(Civil Code §1189)

APPROVALS

RECOMMENDED BY DEPARTMENT

By: _____
Designee

FORM APPROVED COUNTY COUNSEL

*County Counsel approval not required
per September 12, 2006 Board Order*
By: _____
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By: _____
Designee

AMENDMENT SPECIFICATIONS

Number: 26-283-11

In consideration for Contractor's agreement to continue to provide services under the Contract identified herein, County agrees to modify the Program Plan with no change in the original term of the Contract. County and Contractor agree therefore to amend said Contract as set forth below while all other parts of the Contract remain unchanged and in full force and effect.

1. **Modification of Program Plan.** Purpose of the Program, Paragraph 1, is hereby deleted in its entirety and replaced with a new paragraph 1, to read as follows:
 - "1. **Purpose of the Program.** Samuel Merritt University, (hereinafter referred to as "Contractor") conducts a nursing, physical therapist, podiatric, **physician assistant** and occupational therapist training program for its Participants, in cooperation with County's Department. The Contractor desires to have its nursing, physical therapist, and occupational therapist students enrolled in this program to receive clinical field experience and instruction from the County, and the County is willing to provide such clinical experience and instruction under the terms and conditions hereinafter set forth. Therefore, the parties will undertake a program whereby such instruction and experience will be provided in accordance with this Agreement, mutually agreed to by the parties."

2. **Modification of Contractor's Obligations.** Contractor's Obligations, 2.a., is hereby deleted and replaced with a new subparagraph a. to read as follows:
 - "a. Designate Participants for participation in the clinical field conducted pursuant to this Agreement (Nursing, Physical Therapist, Podiatric, **Physician Assistant** and Occupational Therapist Students);"

Initials: _____
Contractor County Dept.