

**AMENDMENT No. 1 TO EMERGENCY MEDICAL SERVICES AND  
AIR AMBULANCE SERVICE PROVIDER AGREEMENT  
BETWEEN  
COUNTY OF MONTEREY  
AND  
REACH MEDICAL HOLDINGS, LLC.**

**THIS AMENDMENT No. 1** is made to the Emergency Medical Services and Air Ambulance Service Provider Agreement (“AGREEMENT”) by and between REACH Medical Holdings, LLC, 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 March 18, 2020, COUNTY and PROVIDER entered into an AGREEMENT for the provision of paramedic services in the County of Monterey for a period from February 1, 2020 to January 31, 2022; and

**WHEREAS**, COUNTY and PROVIDER wish to amend the AGREEMENT to extend the AGREEMENT on the same terms and conditions for a period of five (5) years to January 31, 2027.

**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 February 1, 2020 and shall be in full force and effect until 11:59 p.m. January 31, 2022,” and replacing it with “This Agreement shall be effective as of 12:00a.m. on February 1, 2020 and shall be in full force and effect until 11:59 p.m. January 31, 2027.”
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 18, 2020 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.

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**COUNTY OF MONTEREY**

**PROVIDER**

By: \_\_\_\_\_  
Department Head (if applicable)

Date: \_\_\_\_\_

By: \_\_\_\_\_  
EMS Agency Director

Date: \_\_\_\_\_

Approved as to Form<sup>1</sup>

By: \_\_\_\_\_  
County Counsel

Date: \_\_\_\_\_

Approved as to Fiscal Provisions<sup>2</sup>

By: \_\_\_\_\_  
Auditor/Controller

Date: \_\_\_\_\_

Approved as to Liability Provisions<sup>3</sup>

By: \_\_\_\_\_  
Risk Management

Date: \_\_\_\_\_

REACH Medical Holdings, LLC

\_\_\_\_\_  
Contractor's Business Name\*

By: \_\_\_\_\_  
President

Date: \_\_\_\_\_  
Name and Title

By: \_\_\_\_\_

\_\_\_\_\_  
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.

<sup>1</sup>Approval by the Office of the County Counsel is required for all Agreement.

<sup>2</sup>Approval by the Auditor/Controller's Office is required for all Agreements.

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