

## AMENDMENT TO AMBULANCE PROVIDER AGREEMENT

Reference is made to that contract made and entered into on the 1<sup>st</sup> day of November, 2011, by and between the COUNTY OF ALAMEDA, a body corporate and politic of the State of California, and the CITY OF Alameda.

Said Contract is hereby amended so that Exhibit K is superseded and replaced in its entirety with the following Exhibit:

### AMENDED EXHIBIT K **ALAMEDA COUNTY 911 SYSTEM** **CONTRACTOR'S USER FEES**

	Effective 11/1/2010	++ Effective 11/1/2013*
<b>Bundled Base Rate</b>	\$1,740.35	\$1,895.00
<b>Mileage/mile</b>	\$40.05	\$45.00
<b>Oxygen</b>	\$131.21	\$149.00
<b>**Treat, Non-transport rate</b>	\$483.44	\$483.44

\* It is understood that these rate increases are conditional on each city's ability to demonstrate that the charges are not considered taxes under the California Constitution (art. XIII C sec. 1e). Each city will be responsible for vetting this issue for their individual Councils. Actual effective date based on City Council approval.

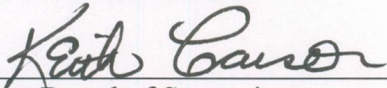
++ These rates shall be frozen until the County Contracted Private Provider rates exceed the rates above. At that time, an amendment to this Agreement shall be made to the User Fees once an increase is approved by the Board of Supervisors.

\*\* This rate shall be limited to patients who receive a medical intervention, such as intravenous medication administration, and subsequently refuse transport. Patient assessment, including ECG monitoring, does not constitute treatment.

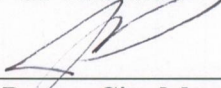
All other contract terms and conditions shall remain in full force and effect.

In Witness Whereof, the parties hereto have executed this Amendment this 17<sup>th</sup> day of December, 2013.

COUNTY OF ALAMEDA

By   
 President, Board of Supervisors

CITY OF Alameda

By   
 John Russo, City Manager

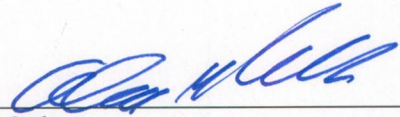
Name: KEITH CARSON  
 Title: PRESIDENT OF THE BOARD OF SUPERVISORS  
OF ALAMEDA COUNTY, CALIFORNIA  
 Date: \_\_\_\_\_

Name: John Russo  
 Title: City Manager  
 Date: 1/29/14

C-2014-37

APPROVED AS TO FORM:

By \_\_\_\_\_  
County Counsel Signature

By \_\_\_\_\_  
Alan Cohen  
Title: Assistant City Attorney