



**AMENDMENT NO. 1  
TO  
CONTRACT NO. MA-042-21011836  
FOR  
SURGE SERVICES**

This Amendment ("Amendment No. 1") to Contract No. MA-042-21011836 for Surge Services is made and entered into on January 1, 2022 ("Effective Date") between \_\_\_\_\_ ("Contractor"), with a place of business at \_\_\_\_\_, and the County of Orange, a political subdivision of the State of California ("County"), through its Health Care Agency, with a place of business at 405 W. 5th St., Ste. 600, Santa Ana, CA 92701. Contractor and County may sometimes be referred to individually as "Party" or collectively as "Parties".

**RECITALS**

WHEREAS, the Parties executed Contract No. MA-042-21011836 for Surge Services, effective July 1, 2021 through June 30, 2024, in an amount not to exceed \$600,000; and

WHEREAS, the Parties now desire to enter into this Amendment No. 1 to Contract to add staffing classifications and service pay rates to Exhibit A and to increase the Period One, Aggregate Maximum Obligation by \$8,000,000 from \$200,000 to \$8,200,000, for a revised cumulative Total Aggregate Maximum Obligation of \$8,600,000, effective January 1, 2022, to ensure continuity of COVID-19 disease control services.

NOW THEREFORE, County amends the Contract as follows:

1. The Period One Aggregate Maximum Obligation is increased by \$8,000,000 from \$200,000 to \$8,200,000 for a revised cumulative Total Aggregate Maximum Obligation of \$8,600,000.
2. Page 4, Referenced Contract Provisions, Aggregate Maximum Obligation section is deleted in its entirety and replaced with the following:

**Aggregate Maximum Obligation: \$8,600,000**

Period One Aggregate Maximum Obligation: \$ 8,200,000

Period Two Aggregate Maximum Obligation: 200,000

Period Three Aggregate Maximum Obligation: 200,000

**TOTAL AGGREGATE MAXIMUM OBLIGATION: \$ 8,600,000"**

3. Exhibit A, Paragraph I. Payments of the Contract is deleted in its entirety and replaced with the following:

“A. COUNTY shall pay CONTRACTOR at the agreed upon rates for Surge Nursing Services:

Surge Nursing Services	Hourly Rates
Bachelor of Science in Nursing (BSN)	\$70.00
Registered Nurse (RN) Case Management (NON-COVID-19)	\$65.00
Registered Nurse (RN) (COVID-19)	\$90.00
Licensed Vocational Nurse (LVN) Case Management (NON-COVID-19)	\$42.00
Licensed Vocational Nurse (LVN) (COVID-19)	\$63.00
Medical Assistant (MA) X-Ray Technician (Limited Permit to include Digital Radiography)	\$38.00
Radiologic Technologist (CRT) ARRT)	\$55.00
Dental Assistant	\$35.00
Clinical Lab Scientist	\$90.00
Medical Technologist	\$70.00
Laboratory Assistant	\$35.00
Certified Nursing Assistant (COVID-19)	\$45.00
Epidemiologist, local rate	\$100.00
Epidemiologist, travel rate	\$115.00
Supervising Registered Nurse	\$110.00
On-Call Nurse	\$10.00
Pharmacist	\$120.00
Licensed Social Worker- Remote	\$95.00
Licensed Social Worker – Onsite	\$100.00
Social Worker- Remote	\$80.00
Social Worker – Onsite	\$90.00

This Amendment No. 1 modifies the Contract only as expressly set forth herein. Wherever there is a conflict in the terms or conditions between this Amendment No. 1 and the Contract, the terms and conditions of this Amendment No. 1 prevail. In all other respects, the terms and conditions of the Contract not specifically changed by this Amendment No. 1 remain in full force and effect.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the Parties have executed this Amendment No. 1. If Contractor is a corporation, Contractor shall provide two signatures as follows: 1) the first signature must be either the Chairman of the Board, the President, or any Vice President; 2) the second signature must be that of the Secretary, an Assistant Secretary, the Chief Financial Officer, or any Assistant Treasurer. In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution or by-laws demonstrating the legal authority of the signature to bind the company.

**<<CONTRACTOR>>**

_____	_____
Print Name	Title
_____	_____
Signature	Date

**County of Orange**, a political subdivision of the State of California

Purchasing Agent/Designee Authorized Signature:

_____	_____
Print Name	Title
_____	_____
Signature	Date

**APPROVED AS TO FORM  
OFFICE OF THE COUNTY COUNSEL  
ORANGE COUNTY, CALIFORNIA**

BY:  \_\_\_\_\_ DATED: 11/17/2021

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Deputy