



**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 Maxim Healthcare Staffing Services, Inc. ("Contractor"), with a place of business at 7227 Lee Deforest Drive, Columbia, MD 21046, 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: MAXIM HEALTHCARE STAFFING SERVICES, INC.

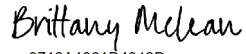
Andrea Torres _____ Print Name _____ DocuSigned by:  _____ Si_74D0FF0BE2934EA...	Assistant Controller _____ Title _____ 11/17/2021 _____ Date
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County of Orange, a political subdivision of the State of California

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 _____
 Deputy