CONTRACT EXTENSION AGREEMENT
(Purchase of Services - Long Form)

Number 23-055-20
Fund/Org # As Coded
Account # As Coded
Other #

1. Identification of Contract to be Extended.
Number: 23-055-19
Effective Date: November 3, 2008
Department: Health Services – Emergency Medical Services (EMS) Division
Subject: Emergency Ambulance Services (Emergency Response Area 4)

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: SAN RAMON VALLEY FIRE PROTECTION DISTRICT
Capacity: Independent Fire Protection District
Address: 1500 Bollinger Canyon Road, San Ramon, California 94583

3. Extension of Term. The termination date of the above described contract is hereby extended from October 31, 2018 to the new termination date of October 31, 2019, unless sooner terminated as provided in said contract.

4. Payment Limit. The maximum amount payable by the County under this Contract is unchanged.

5. Signatures. These signatures attest the parties’ agreement hereto:

COUNTY OF CONTRA COSTA, CALIFORNIA

BOARD OF SUPERVISORS
By
Chairman/Designee

ATTEST: Clerk of the Board of Supervisors
By XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deputy

CONTRACTOR

Signature A
Name of business entity
San Ramon Valley Fire Protection District,
an independent fire protection district

By
(Signature of individual or officer)
Paige Meyer – Fire Chief
(Print name and title A, if applicable)

Signature B
Name of business entity
San Ramon Valley Fire Protection District,
an independent fire protection district

By
(Signature of individual or officer)
Lon Phares – Deputy Chief
(Print name and title B, if applicable)

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.
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 10-10-18 (Date), before me, (Name and Title of the Officer), personally appeared (Name and Title of the Officer), 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

By: per September 12, 2006 Board Order  
Deputy County Counsel

APPROVED: COUNTY ADMINISTRATOR

By:  
Designee

Form L-2 (Page 1 of 1)