

Date Prepared: 10/10/14

Need Date: 11/9/14

PROCESSING DEPARTMENT:
 Department: Sheriff's Office
 Dept. Contact: Tania Donnelly T.D.
 Phone #: 621-6636
 Department: 10-23-M
 Head Signature: [Signature]

CONTRACTOR:
 Name: National Medical Services LLC, INC.
 Address: 34780 Stirrup Road 3701 WELSH RD
Temecula, CA 92592 WILLOW GROVE, PA
 Phone: 19090

CONTRACTING DEPARTMENT: Sheriff
 Service Requested: Amendment I to increase Compensation by \$65,000 and to change Company Name
 Contract Term: 11/1/12 - 10/31/14 Contract \$150,000
 Compliance with Human Resources requirements? Yes: X No:
 Compliance verified by: Judie Engel 10/1/14

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: ✓ Disapproved: Date: 10/30/14 By: [Signature]
 Approved: ✓ Disapproved: Date: 11/20/14 By: [Signature]

*TC to T Donnelly - waited for Sec of State Documents to be updated
 Increase in compensation by \$30,000 and not \$65,000
 Was \$85,000.00 Now \$115,000.00 not to exceed amount
 TC w T Donnelly - dept will submit new amendment with new amounts for \$65,000 increase
 Note: Retroactive agreement should go to the Board if that continues to be Board policy.*

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: 3/4/15 [Signature] Disapproved: ✓ Date: 11/3/14 By: [Signature]
 Approved: [Signature] Disapproved: Date: 11/3/15 By: [Signature]

*1. Insurance needs to be sent to Ebix - sent on 11/11/14 - T.C.D.
 2. Ins. is for a Corporation - Entity is now an LLC - Error! was made. the Insurance needs to match the contract Cop is still in PA with us CA LLC - T.C.D. 11/10/14
 3. Ins needs to be primary - Attached [Signature]*

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)
 Departments:
 Approved: Disapproved: Date: By:
 Approved: Disapproved: Date: By:

Nothing in Ebix - must get into Ebix & in Compliance - Email me once in and approved