



**PHSKC Agreement # 1669 EMS - Amendment 5**

**AMENDMENT**

This Amendment between PHSKC and the Recipient changes the referenced Agreement for the following purpose(s): Mid Levy ALS Allocation adjustment to reflect increase costs by ALS providers. Amend contract in the amount of \$674,658

Recipient Name & Address: City of Redmond, 8450 161st Ave NE, Redmond, WA 98052

Project Title: Advanced Life Support - Mid Levy Allocation

Effective Date of Amendment: April 30, 2017

Agreement End Date:  No Change  Change to:

Agreement Amount:  No Change  Change to: \$28,233,775.83

Funding Details:  No Change  Revise the following funding details:

<u>Funding Source</u>	<u>PHSKC Contract #</u>	<u>Amount</u>	<u>Effective Dates</u>	<u>New or Revised</u>
EMS Levy	NA	\$674,658	Jan 01 TO Dec 31 2017 2019	

Funding Summary:  No Change  Revise to read:

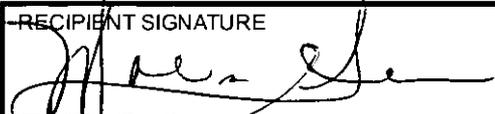
FEDERAL: COUNTY: \$674,658 STATE: OTHER:

Exhibits:  No Change  Revise as follows:

Add Exhibit B, Amendment 5 Budget.

King County Terms & Conditions:  No Change  Revise as follows:

All other terms and conditions of the referenced Agreement and any previous Agreement amendment not revised herein shall remain unchanged and in full force and effect.

RECIPIENT SIGNATURE 	PRINTED NAME AND TITLE MAURA FILES FINANCE DIRECTOR	DATE SIGNED 10/25/17
PHSKC SIGNATURE 	PRINTED NAME AND TITLE Michele Plorde Division Director	DATE SIGNED 11-14-17

**KC PH Emergency Medical Services**

**Exhibit B, Amendment 5 Budget**

The scope is: Mid-levy ALS allocation adjustment to reflect increased costs by ALS providers.

<u>Contract Agencies</u>	# of Units	2016	2017	TOTAL
Redmond	3	\$ 314,103	\$ 360,555	\$ 674,658

# City Agreement Routing Form

The Project Administrator should complete the top section of this form, once Department Head/Designee signature has been obtained, attach the specified number of agreement originals to this form (have the contractor/supplier sign all original copies before routing) and forward the documents to the City Clerk for internal city routing. The City Clerk will route the agreement to the Risk Manager for approval of insurance and indemnification requirements, to the City Attorney for approval as to legal form and to the Mayor for signature. The City Clerk will then attest/authenticate the Mayor's signature and will forward this form and remaining agreement(s) to Project Administrator.

Project Title: Advanced Life Support - Mid Levy Allocation (Amendment #5)

Type of Service: Funding to cover costs related to providing Advanced Life Support services in NE King County

Supplier/Contractor Name: King County EMS

Contract/Agreement Amount, Original: 674,658.00 Amended Amount: \_\_\_\_\_

Council Approval Date: N/A Nature of Funding: EMS Levy

Project Administrator: Mike Hilley MailStop: FDADM Phone: x2201

Anticipated Agreement Start Date: January 1, 2017 Estimated Completion Date: December 31, 2019

Does this contract contain the purchase of technology related items/services?  YES  NO  
If Yes, route to: I.S. Manager (3SFN)

I.S. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will federal funds be used to pay for all or part of contract?  YES  NO  
If Yes, check for debarment at [www.sam.gov](http://www.sam.gov)  
(print results and keep a copy in project file)

Department Head/ Designee Signature: [Signature] Date: 10/18/17

Comments: orig cc# 7464

Account Numbers/  
Distribution

## ROUTING PROCESS: ( 3 copies)

To: City Clerk \_\_\_\_\_ Date 10/20/17  
(for routing and tracking) AC

Risk Manager \_\_\_\_\_ Date 10/20/17  
(Signature or initials) MSB

City Attorney \_\_\_\_\_ Date 10/24/17  
(Signature or initials) JWR

(Note: If contract exceeds Mayor's authorized signing limits, route to City Clerk (3NFN) for council approval) \_\_\_\_\_ Date 10/25/17

Mayor \_\_\_\_\_ Date \_\_\_\_\_  
(Signature or initials) [Signature]

City Clerk \_\_\_\_\_ Date 10/25/17  
(Signature or initials) M

**NOTE:** The agreement becomes fully executable once the Mayor has signed it. The Project Administrator may then forward one set of originals to the Contractor/Consultant and work may begin. The City's original will be retained by the City Clerk. Once all signatures have been obtained, forward a copy of this form to Accounts Payable, with payment instructions.

Finance use ONLY Supplier ID \_\_\_\_\_ Date Received \_\_\_\_\_ Agreement # 7464

7464-5