AMENDMENT NO. 1
TO
COST SHARE AGREEMENT FOR ENHANCED AMBULANCE SERVICES

This Amendment No. 1 to the Cost Share Agreement for Enhanced Ambulance Services (the "Amendment") is entered into as of March 1, 2026 (the "Effective Date") by and among the County of Glenn (the "County") and the City of Orland (the "City") (each, a "Party", and together, the "Parties"), with acknowledgement by Sierra-Sacramento Valley Emergency Medical Services Agency ("S-SVEMSA") and Orland Community Ambulance Association d/b/a Westside Ambulance Association ("Westside") solely with respect to reimbursement processing referenced herein.

WHEREAS, The Parties entered into that certain Cost Share Agreement for Enhanced Ambulance Services, dated November 7, 2013 (the "Agreement"), for the purpose of allocating costs associated with the provision of one additional 12-hour ground ambulance within Glenn County;

WHEREAS, The Agreement provides that S-SVEMSA will facilitate and coordinate the collection and distribution of financial subsidy funds between the County, the City and Westside; and

WHEREAS, in accordance with Section 6 of the Agreement, the Parties desire to amend the Agreement to specify certain reimbursements and a continuing monthly subsidy arrangement as set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and in the Agreement, the Parties agree as follows:

1. Section 3.a. of the Agreement is hereby deleted in its entirety and replaced with the following:

   "S-SVEMSA shall pay to Westside an aggregate amount of Fourteen Thousand Dollars ($14,000.00) per month (the "Subsidy"), consisting of (i) Seven Thousand Dollars ($7,000.00) attributable to funds paid by the County and (ii) Seven Thousand Dollars ($7,000.00) attributable to funds paid by the City. S-SVEMSA shall remit the Subsidy to Westside and thereafter invoice the County for such costs. The County shall pay the invoiced amount to S-SVEMSA and shall thereafter invoice the City for one-half (1/2) of such amount. The City shall remit payment to the County within thirty (30) calendar days following receipt of the County's invoice."

2. One-Time Reimbursement of Operational Expenses

   a. S-SVEMSA shall reimburse Westside for the balance of Westside's December 2025 actual operational expenses related to the 12-hour ambulance, in the aggregate amount of **[Nineteen Thousand Seven Hundred Eleven Dollars and Thirty-Five Cents ($19,711.35)]**[1] (the "Reimbursement").

   b. Processing and payment of the Reimbursement shall follow the reimbursement, invoicing, and inter-party payment procedures set forth in Section 3.a. of the

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Agreement, including subsequent invoicing by the County to the City for one-half of such reimbursed amount, with the City to pay within thirty (30) calendar days of receipt of such invoice.

3. Capitalized terms used but not defined in this Amendment shall have the meanings given in the Agreement. Except as expressly amended herein, all terms and conditions of the Agreement remain in full force and effect.

4. Nothing in this Amendment shall waive or modify any Party's rights or obligations under the Agreement except as expressly set forth herein. In the event of a conflict between the terms of this Amendment and the Agreement, the terms of this Amendment control.

5. This Amendment may be executed in counterparts, each of which shall be deemed an original, and all of which together constitute one and the same instrument. Signatures delivered electronically or by PDF shall be deemed original signatures.

[Signature page follows]

IN WITNESSS WHEREOF, the parties hereby have entered into this Amendment No. 1 as of the Effective Date.

COUNTY OF GLENN

By: _____
Grant Carmon
Chairman, County of Glenn

APPROVED AS TO FORM:

By: _____
[Name]
County Counsel, Glenn County

ACKNOWLEDGED

SIERRA-SACRAMENTO VALLEY EMERGENCY MEDICAL SERVICES AGENCY

By: _____
[Name]
[Title]

CITY OF ORLAND

By: _____
[Name]
[Title]

APPROVED AS TO FORM:

By: _____
[Name]
City Attorney, City of Orland

ORLAND COMMUNITY AMBULANCE ASSOCIATION D/B/A WESTSIDE AMBULANCE ASSOCIATION

By: _____
[Name[
[Title]