STATE OF CALIFORNIA
STANDARD AGREEMENT
STD 213 (Rev 06/03)
Exhibit A

Scope of Work
Scope of Work

Introduction

In Riverside County, the Regional Disaster Medical Health Specialist (RDMHS) will continue to manage and improve the Region VI medical and health mutual aid and mutual cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; provide staff support to the Regional Disaster Medical Health Coordinator (RDMHC), and support the State medical and health response system through the development of information and emergency management systems. Region VI consists of the following counties: Riverside, San Bernardino, Imperial, Inyo, Mono, and San Diego.

Description

The RDMHS will work with Region VI staff to achieve the objectives outlined in the RDMHS Scope of Work for FY 17/18. The ultimate goal for the RDMHS will be to improve the coordination and response for medical/health activities and resources in the region. The RDMHS will also function under the direction of the RDMHC during an event. The RDMHS will participate in EMSA/CDPH planning, exercises, committees and other regional EMSA/CDPH designated activities.

FY 2017/2018 Contract Scope of Work

The Regional Disaster Medical and Health Specialist (RDMHS) is the component of the Regional Disaster Medical and Health Coordination (RDMHC) Program that directly supports regional preparedness, response, mitigation and recovery activities. Activities to assist in accomplishing this shall include:

1. Continue to support the implementation of the California Public Health and Medical Emergency Operations Manual (EOM).

   1.1 Conduct and/or participate in local and Regional EOM trainings. When possible, work with new EOM instructors to co-facilitate trainings.

      1.1.1 Invite State partners that are based locally to participate, when appropriate, in EOM trainings.

   1.2 Provide input as requested on the EOM during the update process, including improvement to the Situation Report. Seek input from local partners on EOM improvement opportunities during the update process.

2. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.

   2.1 Conduct training for Medical Health Operational Area Coordinators (MHOACs) and other medical and health partners in the operational areas as needed.
2.2 Assist operational areas in developing contact lists to support the functions of a MHOAC program.
2.3 Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) Program Lead on a monthly basis.
2.4 Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.
2.5 Assist operational areas in developing local Resource Requesting procedures consistent with the EOM.
2.6 Assist the Emergency Medical Services Administrators’ Association of California (EMSAAC), EMSA and CDPH with the development of a MHOAC Program Guide.

3 Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.

3.1 Develop and maintain RDMHC Program Response Procedures. Procedures to include contact lists, medical and health agreements within region (i.e., automatic aid agreements, cooperative assistance agreements).
3.2 Conduct at least three medical and health regional planning meetings per year for the purpose of planning, coordination, training, and information sharing.
3.3 Participate in the local Mutual Aid Regional Advisory Committee (MARAC) meetings and represent the RDMHC Program as requested (ongoing).
3.4 Represent the RDMHC Program at regional emergency management meetings.
3.5 Continue to coordinate with regional coordinators as appropriate.
   3.5.1 California Hospital Association Regional Coordinators
   3.5.2 California Governor’s Office of Emergency Services regional staff.
   3.5.3 California Department of Public Health Emergency Preparedness Office Contract Managers
   3.5.4 Emergency Medical Services Authority’s Senior Emergency Services Coordinators.

4 Assist EMSA and the Emergency Medical Services Administrators' Association of California (EMSAAC) in the development, implementation and evaluation of the California Statewide Patient Movement Plan.

4.1 Participate in Patient Movement Workgroups to assist with specific tasks or content development as requested.
4.2 Review and provide feedback on draft work products developed by the contractor and workgroups.
4.3 Solicit input as requested from operational areas within the region on the Draft Patient Movement Plan.
4.4 Develop a training plan for the Patient Movement Plan.
4.5 Participate in exercise of Plan.
5 Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.

5.1 Participate on the monthly MCM and Local Health Department (LHD) Emergency Preparedness conference calls (ongoing).
5.2 Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist EPO in review and analysis of all LHD SNS preparedness activities within the Mutual Aid Region.
5.3 Promote Regional CHEMPACK training to include dissemination of training flyers provided by EPO and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual Regional CHEMPACK training.
5.4 Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.
5.4.1 Maintain current CHEMPACK host site point-of-contact lists.

6 Coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects.
6.1 Develop template to collect medical and health data from operational areas (as requested). Schedule meetings as needed with operational areas to discuss Plan and next steps.
6.2 Conduct meetings with operational areas in conjunction with EMSA, CDPH and United States Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR).
6.3 Collect data to enhance Plan.
6.4 Exercise Plan in conjunction with EMSA, CDPH and ASPR.

7 Coordinate inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup

7.1 Conduct at least three meetings annually of the California/Nevada Counties Workgroup (ongoing).
7.2 Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup (ongoing).
7.2.1 Participants include RDMHS from Region III, IV and Region VI.

8 Participate in regional and statewide exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.

8.1 Participate in regional planning and post-exercise evaluation activities for the Statewide Medical and Health Exercise and the Cal OES Capstone Exercise (annually).
8.1.1 Participate in the Statewide Medical and Health Exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.

8.1.2 Participate in the Capstone Exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.

8.2 Participate in the Diablo Canyon Nuclear Generating Station exercises as it applies to the Region I. Participate in the CDPH/EMSA Emergency Preparedness Training Workshop annually.

8.3 Attend conferences as requested by EMSA or CDPH-EPO, as budget allows.

9 Respond in accordance with the EOM to medical and health events in the region (ongoing).

9.1 Maintain incident logs and data related to response. Data to be provided in quarterly reports.

9.2 Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.

9.3 Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.

9.4 Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.

9.5 Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.

9.5.1 Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or completed the Situation Report for the operational area.

9.5.2 Report number of times the RDMHC Program assisted operational areas with completing the Medical Health Resource Request form.

9.5.3 Report number of times the RDMHC Program is contacted by the State for additional information regarding unusual events of emergency system activation within the region.

9.5.4 Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.

9.5.4.1 Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.

9.5.4.2 Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.
10 Additional Provisions

10.1 Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.
10.2 Submit quarterly reports to the EMSA RDMHC Program Lead.
10.3 Submit agendas for meetings held by RDMHSs to EMSA RDMHC program Lead.
10.4 Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:
   10.4.1 BioWatch program planning and response.
   10.4.2 State workgroup for annual Statewide Medical and Health Exercise.
   10.4.3 Medical Reserve Corps Advisory Committee.
   10.4.4 EOM workgroup.
   10.4.5 Disaster Healthcare Volunteers (DHV) Deployment Operations Manual Workgroup.
   10.4.6 Ambulance Strike Team Project.
   10.4.7 Emergency Function (EF) 8 Technical Workgroup.
   10.4.8 California Disaster Mental Behavioral Health Statewide Plan Development workgroup.
   10.4.9 HPP/PHEP Grant Guidance workgroup.
10.5 If additional activities are identified during this contract period, the RDMHS will work with the EMSA RDMHC Program Lead to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. Both parties will agree on the appropriateness of the assignment prior to it becoming a requirement.

Description

The RDMHS will work with Region VI staff to achieve the objectives outlined in the RDMHS Scope of Work for FY 16/17. The ultimate goal for the RDMHS will be to improve the coordination and response for medical/health activities and resources in the region. The RDMHS will also function under the direction of the RDMHC during an event. The RDMHS will participate in EMSA/CDPH planning, exercises, committees and other regional EMSA/CDPH designated activities.

The Project representatives during the term of this agreement will be:

<table>
<thead>
<tr>
<th>Agency: Emergency Medical Services Authority</th>
<th>Contractor: Riverside County Emergency Medical Services Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Nirmaia Badhan</td>
<td>Name: Bruce Barton</td>
</tr>
<tr>
<td>Phone: (916) 255-1826</td>
<td>Phone: (951) 358-5037</td>
</tr>
<tr>
<td></td>
<td>Director</td>
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C17-003
Riverside County Emergency Medical Services Agency   Exhibit A

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<tr>
<th>Fax:</th>
<th>(916) 323-4898</th>
<th>Fax:</th>
<th>(951) 358-5160</th>
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<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:nirmala.badhan@emsa.ca.gov">nirmala.badhan@emsa.ca.gov</a></td>
<td>Email:</td>
<td><a href="mailto:bbarton@rivco.org">bbarton@rivco.org</a></td>
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Direct all contractual/administrative inquiries to:

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<tr>
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<th>Contractor:</th>
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<tbody>
<tr>
<td>Emergency Medical Services Authority</td>
<td>Riverside County Emergency Medical Services Agency</td>
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<table>
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<table>
<thead>
<tr>
<th>Attention: Lisa Vigil, Contract Analyst</th>
<th>Name: Bruce Barton Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 10901 Gold Center Dr, Ste 400, Rancho Cordova, CA 95670</td>
<td>Address: 4210 Riverwalk Parkway, Suite 300, Riverside, CA 92505</td>
</tr>
<tr>
<td>Phone: (916) 431-3694</td>
<td>Phone: (951) 358-5037</td>
</tr>
<tr>
<td>Fax: (916) 322-1441</td>
<td>Fax: (951) 358-5160</td>
</tr>
<tr>
<td>Email: <a href="mailto:lisa.vigil@emsa.ca.gov">lisa.vigil@emsa.ca.gov</a></td>
<td>Email: <a href="mailto:bbarton@rivco.org">bbarton@rivco.org</a></td>
</tr>
</tbody>
</table>
Exhibit B

Contract and Payment Provisions
Contract and Payment Provisions

Invoicing and Payment

For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates listed in Exhibit B-1, titled Budget Detail/Narrative, which is attached hereto and made a part of this Agreement.

Invoices shall be submitted in accordance with this agreement and Exhibit E-Sample Invoice, which is attached hereto and made a part of this Agreement.

Invoices shall be submitted on company letterhead and include the following:

1. Agreement Number
2. Invoice Number
3. Bill To Address
4. Remittance address
5. Sufficient scope and detail to define the actual work performed and specific milestones completed, including a description of the activities of the Contractor and Subcontractor, the hours allocated to those activities, the locations where work was performed, the expenses claimed, any required reports, and shall be submitted in duplicate not more frequently than monthly in arrears

Submit all invoices to:

Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073
Attn: Lisa Vigil, Contracts Analyst

If any of this information is not on the invoice, it may cause delays in payment processing.

Final Invoices must be submitted no later than sixty (60) days after the end date of this agreement.

Payment will be for actual services provided or actual costs. If the Emergency Medical Services Authority (EMSA) does not approve the invoice in accordance with identified general tasks or deliverable in this contract, payment of the invoice will be withheld by EMSA and the Contractor will be notified. The Contractor must take timely and appropriate measures to correct or remedy the reason(s) for non-acceptance and demonstrate to EMSA that the Contractor has successfully completed the scheduled work for each general task or deliverable before payment will be made.
Budget Contingency Clause

It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.
Exhibit B-1

Budget Detail and Narrative
Budget Detail and Narrative

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
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<td>Personnel</td>
<td>$69,907</td>
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<tr>
<td>Fringe Benefits (37%)</td>
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<tr>
<td>Communications</td>
<td>$696</td>
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<tr>
<td>Materials &amp; Supplies</td>
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<td>Memberships &amp; Subscriptions</td>
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<td>Space</td>
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<td>Training-In-State</td>
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<td><strong>Total Direct Costs</strong></td>
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<td>Administrative/Indirect (no more than 10% of Total Direct Costs)</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$130,000</strong></td>
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</tbody>
</table>

**Personnel Total:** $82,243 **Personnel Covered:** $69,907

In Riverside County, the RDMHS plans, develops, and coordinates multi-hazard emergency response and recovery activities in support of Region VI. The RDMHS also works with the RDMHC and receives policy guidance and direction from the RDMHC and the Region’s Operational Areas (OA) concerning regional issues. Policy guidance and direction are provided by the EMS Authority in coordination and cooperation with the California Department of Public Health (CDPH), Emergency Preparedness office. The salary exceeds the covered amount detailed in the budget therefore, Riverside County will bill for 85% of the salary to allow for additional expenses necessary to fulfill the role and responsibility of the RDMHS. The personnel cost in excess of the budgeted amount for this position will be paid by Riverside County local funds and supplemental funding. Total Salary: $82,243
Donna Mayer Emergency Services Coordinator, 1.0 FTE
Regular hours 1,768 @ $39.54 per hour = $69,907

**Fringe Benefits Total:** $30,430 **Fringe Benefits Covered:** $25,866

Fringe Benefits include retirement, health insurance, dental insurance, SDI/short term disability, life insurance, and Worker’s Compensation. Presently the County of Riverside benefit rate is approximately 46%, which exceeds the 37% that is allowed by EMSA; therefore, the excess fringe benefit cost for the Emergency Services Coordinator will be paid by Riverside County local funds.
<table>
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<th>Insurance Type</th>
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<td>Optical Insurance</td>
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<td>Short Term Disability</td>
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<td>Workers Compensation</td>
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<td><strong>Total</strong></td>
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**Communications Total: $696 Communications Covered: $696**

Verizon cell phone service: $58/month for 12 Months = $696.

**Materials and Supplies Total: $6,493 Materials and Supplies Covered: $6,493**

Material and supply costs to assist with the management of the Regional Disaster Medical Health Coordination Program. These costs may include, but are not limited to, the purchases of office supplies, cellular phones, computer software, communication tools, etc.

**Membership Total: $300 Membership Covered: $300**

Memberships for the California Emergency Services Association and International Association of Emergency Managers. These associations bring emergency managers from all disciplines together to plan for incidents and coordinate response efforts. The RDMHS works hand in hand with OES, fire and law enforcement. The continued collaboration with Local, Operational Area, State and Federal levels of government is necessary to strengthen response efforts for all medical health incidents.

**Space Total: $5,000 Space Covered: $5,000**

Rent for work space located at 4210 Riverwalk Parkway, Suite 300, Riverside, California 92505. This facility is a privately owned building leased by the County of Riverside. Based on standard space allocation of (1,000.00 per month x 12 months x 1 FTE = $12,000.00). A standard work space is 12 ft. X 12 ft. + 87.38 sq. ft. common space (232 sq. ft. total). Presently, the cost of rent exceeds the covered amount detailed in the budget to allow for additional yet necessary expenses. The cost of rent in excess of the budgeted amount will be paid by Riverside County local funds.
Travel Total: In-State $9,920 Travel Covered: In-State $9,920

Travel will cover RDMHC/S meetings, MARAC meetings, Region VI and I meetings, mutual aid presentations, state workgroups and meetings, the CDPH-EPO, California Emergency Services Association and other related conferences, workshops and programs. The RDMHS will attend meetings, seminars, workshops and conferences to collaborate and share information across mutual aid regions while coordinating with OES and other disciplines to enhance regional and statewide response efforts.

In-State:

Airfare: $500 x 7 trips = $3,500
Accommodations: $130/night for 13 nights = $1,690
Meals: $50/day for 18 days = $900
Ground Transportation: $50/day for 14 days = $700
Parking: $10/day for 30 days = $300
Mileage: 5240 miles @ $0.54/mile = $2,830
Total covered in-state travel: $9,920

All travel costs are based on California Department of Human Resources maximum reimbursement rates. Reimbursable rates can be found at: http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

Admin/Indirect Cost Total: $11,818 Admin/Indirect Cost Covered: $11,818

10% of the total direct charges of the RDMHS Budget will cover the cost of County expenses, such as OASIS services (County financial system), legal expenses, fiscal services and information technology/purchasing/contract support.
Exhibit C

General Terms and Conditions (GTC)

GTC 610

Please Note: The General Terms and Conditions, GTC 610, will be included in the Agreement by reference to Internet site:

Exhibit D

Special Terms and Conditions
Special Terms and Conditions

1. Amendments

This agreement allows for amendments to add time for completion of specified deliverables and/or to increase funding. Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services, if such approval is required.

2. Excise Tax

The State of California is exempt from federal excise taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another state.

3. Force Majeure

Neither party shall be liable to the other for any delay in or failure of performance, nor shall any such delay in or failures of performance constitute default, if such delay or failure is caused by "Force Majeure." As used in this section, "Force Majeure" is defined as follows: unforeseen circumstances that make performance of the agreement impossible such as acts of war, civil unrest, acts of governments (such as changes in law) and acts of God such as earthquakes, floods, and other natural disasters such that performance is impossible.

4. License and Permits

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at his/her expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this contract.

A. If you are a Contractor located within the State of California, a business license from the city/county in which you are headquartered is necessary; however, if you are a corporation, a copy of your incorporation documents/letter from the Secretary of State’s Office can be submitted. If you are a Contractor outside the State of California, you will need to submit to the Emergency Medical Services Authority (EMSA) a copy of your
business license or incorporation papers for your respective State showing that your company is in good standing in that state.

B. In the event, any license(s) and/or permit(s) expire at any time during the term of this contract; Contractor agrees to provide EMSA with a copy of the renewed license(s) and/or permit(s) within 30 days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this contract upon occurrence of such event.

5. Inspection of Services

Services performed by Contractor under this Agreement shall be subject to inspection by EMSA at any and all times during the performance thereof.

If EMSA official conducting the inspection determines that the services performed by Contractor (and/or materials furnished in connection therewith) are not in accordance with the specification, EMSA may, at its option, have the work performed by an alternate provider, charging the Contractor with any excess cost occasioned thereby.

6. Liability for Loss and Damages

Any damages by the contractor to the State’s facility including equipment, furniture, materials or other State property will be repaired or replaced by the contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due contractor under this Agreement.

7. Cancellation / Termination (SCM 7.85)

A. This agreement may be cancelled or terminated without cause by the State by giving thirty (30) calendar days advance written notice to the Contractor. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements. Contractor may submit a written request to terminate this Agreement only if the State should substantially fail to perform its responsibilities as provided herein.

B. Upon receipt of a notice of termination or cancellation from the State, Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.

C. Contractor shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations.
incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.

D. However, the agreement may be immediately terminated without advance notice for cause. The term "for cause" shall mean that the Contractor has committed a material breach of the provisions of the contract. In this instance, the contract termination shall be effective as of the date indicated on the State's notification to the Contractor. (Refer to GC, Exhibit C, Item 7. Termination for cause.)

E. This agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or State's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.

8. Disputes

Any dispute concerning a question of fact arising under this contract that is not disposed of by agreement shall be decided by the Director of EMSA, who may consider written or verbal evidence submitted by the Contractor. The decision of the Director of EMSA, issued in writing, shall be conclusive and binding on both parties to the contract on all questions of fact considered and determined by the Director of EMSA.

9. Intellectual Property Rights

All work products, intellectual property or otherwise, developed under this contract shall become the property of EMSA. Products shall not be disclosed without the written permission of the Director of EMSA and the Administration if necessary. Each report developed for this contract shall also become the property of EMSA and shall not be disclosed except in such manner and such time as the Director of EMSA may direct. No written product(s) shall be used for lobbying purposes.

No products, processes, or materials developed using grant funds may be patented or copyrighted to the contractor.
Exhibit E

Sample Invoice
Riverside County Emergency Medical Services Agency
Sample Invoice

STATE OF CALIFORNIA
EMERGENCY MEDICAL SERVICES AUTHORITY

To: Attention: Lisa Vigil
Emergency Medical Services Authority
19601 Gold Center Drive, Suite #400
Rancho Cordova, CA 95670

Remit To:

DATE:
CONTRACT NUMBER:
INVOICE NUMBER:
INVOICE PERIOD:
INVOICE AMOUNT:

Purpose of this invoice is to reimburse contractor for actual expenditures incurred while performing the activities agreed upon as contained in Contract Number #. Supporting documentation of requested reimbursement will be provided upon request.

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<td>Less Advance (if applicable)</td>
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<td>Total Reimbursement Request</td>
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I certify that I am the duly appointed and acting officer of the herein named agency and the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions; that funds were expended or obligated during the contract period, and the amount claimed above has not previously presented to or reimbursed by the Emergency Medical Services Authority.

Signature: ____________________________  Title: ____________________________  Date: ________________
Printed Name: ____________________________

For EMSA Use Only

I certify that this reimbursement claim is in compliance with all terms/conditions, laws, and regulations governing it's payment and hereby approved for payment.

Signature: ____________________________  Title: ____________________________  Date: ________________
Printed Name: ____________________________

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