

**AMENDMENT NO. 2**  
**CBE NO. 605459-19**  
**MEDICALLY ASSISTED TREATMENT (MAT)**  
**RE-ENTRY PROGRAM**

**THIS AMENDMENT** is made and entered into this \_\_\_\_ day of \_\_\_\_\_ 20XX, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and VENDOR'S NAME (hereinafter referred to as "PROVIDER").

**WITNESSETH:**

**WHEREAS**, the parties entered into an agreement under CBE Number 605459-19, entitled "MEDICALLY ASSISTED TREATMENT (MAT) RE-ENTRY PROGRAM" dated DATE OF AWARD (hereinafter referred to as PROJECT); and

**WHEREAS**, the parties desire to amend the PROJECT.

**NOW, THEREFORE**, the parties agree to amend the PROJECT as follows:

1. Exhibit A, Scope of Work, Revised A-3, Transitional Housing with Case Management Cost, revised per Amendment No. 1.

**ORIGINALLY WRITTEN:**

PROVIDER shall be paid at the rate of \$30 per participant per day, for up to 120 days for LIMA and up to 180 days for MAT Re-Entry, of transitional housing with case management for individuals who are also receiving outpatient services. Additionally, payments beyond 120/180 days must have prior approval by the District Court.

**REVISED TO READ:**

PROVIDER shall be paid at the rate of \$63 per participant per day, for up to 120 days for LIMA and up to 180 days for MAT Re-Entry, of transitional housing with case management for individuals who are also receiving outpatient services. Additionally, payments beyond 120/180 days must have prior approval by the District Court.

This Amendment No. 2 represents a price increase in Coordinated Care Housing from \$30 to \$63.

Except as expressly amended herein, the terms and conditions of the PROJECT shall remain in full force and effect.

**COUNTY:**  
COUNTY OF CLARK, NEVADA

**PROVIDER:**  
VENDOR'S NAME

By: \_\_\_\_\_  
JESSICA COLVIN  
Chief Financial Officer

By: \_\_\_\_\_  
SIGNATORY NAME  
SIGNATORY TITLE

**APPROVED AS TO FORM:**  
STEVEN B. WOLFSON, District Attorney

By: \_\_\_\_\_  
ELIZABETH VIBERT  
Deputy District Attorney