

AMENDMENT NO. 2
RFP NO. 604274-16
CONTRACT FOR MEDICAL CORE & SUPPORT SERVICES
FOR HIV/AIDS INFECTED & AFFECTED CLIENTS IN LAS
VEGAS, RYAN WHITE, TRANSITIONAL GRANT AREA

THIS AMENDMENT is made and entered into this ____ day of _____ 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and NORTH COUNTRY HEALTHCARE, INC. (hereinafter referred to as "PROVIDER").

WITNESSETH:

WHEREAS, the parties entered into an agreement under RFP Number 604274-16, entitled Contract for Medical Core & Support Services for HIV/AIDS Infected & Affected Clients in Las Vegas, Ryan White, Transitional Grant Area dated March 21, 2017 (hereinafter referred to as **CONTRACT**); and

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

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

1. **SECTION I: TERM OF CONTRACT, PAGE 1**

ORIGINALLY WRITTEN:

COUNTY agrees to retain PROVIDER for the period from date of award through February 28, 2018, with the option to renew for four (4), one -year period subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

REVISED TO READ:

COUNTY agrees to retain PROVIDER for the period from date of award through February 28, 2018, with the option to renew for four (4), one-year periods and a 7-month extension through September 30, 2022, subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract.

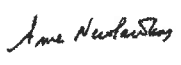
2. The revisions contained herein are effective as of March 1, 2022.

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

COUNTY:
COUNTY OF CLARK, NEVADA

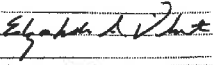
By: _____
JESSICA COLVIN
Chief Financial Officer

PROVIDER:
NORTH COUNTRY HEALTHCARE,
INC.

By:  _____
ANNE NEWLAND, M.D., M.P.H.
CEO

Digitally signed by Anne Newland
DN: cn=Anne Newland, o=North
Country HealthCare,
email=anewland@nchcaz.org, c=US
Date: 2022.02.25 11:14:42 -0700

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

By:  _____
ELIZABETH VIBERT
Deputy District Attorney