

AMENDMENT NO. 3
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 March, 2022, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA WELLNESS CENTER (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.

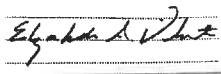
COUNTY:
COUNTY OF CLARK, NEVADA

PROVIDER:
UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
WELLNESS CENTER

By: _____
JESSICA COLVIN
Chief Financial Officer

By:  _____
MASON VAN HOUWELING
University Medical Center, CEO

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

By:  _____
ELIZABETH VIBERT
Deputy District Attorney