

**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 GOLDEN RAINBOW (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.

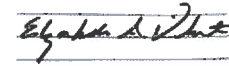
**COUNTY:**  
COUNTY OF CLARK, NEVADA

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

**PROVIDER:**  
GOLDEN RAINBOW

By:  \_\_\_\_\_  
GARY COSTA  
Executive Director

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

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