

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: Sheriff's Office
Department contract file name (use effective date): 20161115
Project Code: Click here to enter text.
Contract type: Agreement -Amendment #3
Contracted Services/Goods: Health Services –Total
Contract Component: Amendment
Change Order Number/Addendum Number: Click here to enter text.
Vendor Name: Southern Health Partners
Effective Date: 11-15-2016 (new term/staffing/compensation)
Approved by: Commissioners
Ending Date: 7/31/2017
Total Amount: 144,403.92
Account # charged: Click here to enter text.
Special Terms: Click here to enter text.
Reminder Date: Click here to enter a date.
Reminder Email to: Click here to enter text.
Reminder Reason: Click here to enter text.
Vendor ID: Click here to enter text.
Vendor Contact Name: Click here to enter text.
Vendor Email: Click here to enter text.
Vendor Address: Click here to enter text.
Vendor Phone #: Click here to enter text.
Archive Date: Click here to enter a date.

2. Department Head or his/her designee has read the contract in its entirety.

By: Tracy Kelly (by Lisa Gentri) (Department Head signature required)

3. County Attorney has reviewed Yes

 If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical Advisor has signed the contract. Yes No

5. Vendor has signed the contract. Yes No

6. Vendor has provided E-Verify Affidavit. Yes No

7. A budget amendment is necessary before approval. Yes No
If budget amendment is necessary, please attach to this form.

8. Approval

- Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.
- Requires approval by the Manager – contracts \$100,000 or less.

9. Submit to Clerk.

Clerk's Office Only

- Finance Officer has signed the contract
- The Finance Officer is not required to sign the contract

AMENDMENT #3
TO
HEALTH SERVICES AGREEMENT

This AMENDMENT #3, to Health Services Agreement dated August 7, 2007, between Chatham County, North Carolina (hereinafter referred to as "County", and Southern Health Partners, Inc., a Delaware Corporation, (hereinafter referred to as "SHP"), is entered into as of this _____ day of _____, 2016.

WITNESSETH:

WHEREAS, County and SHP desire to amend the Health Services Agreement dated August 7, 2007, between County and SHP.

NOW THEREFORE, in consideration of the covenants and promises hereinafter made, the parties hereto agree to the following amended terms effective November 15, 2016:

Section 2.1 is hereby replaced in its entirety by the following:

2.1 Staffing. SHP shall provide medical and support personnel reasonably necessary for the rendering of health care services to inmates at the Jail as described in and required by this Agreement. County acknowledges that SHP will provide on-site nursing coverage on weekdays up to forty (40) hours per week, according to a schedule of eight (8) hours per day, five (5) days per week. Further, County acknowledges, there will be an allowance for a reasonable number of absences for medical staff vacation and sick days, and that SHP reserves the right to make adjustments to the regular staffing schedule for flexible coverage on SHP-designated holidays. SHP shall make any reasonable necessary arrangements to provide nursing coverage when members of its staff are on vacation or sick leave so the County will not be left without healthcare services, pursuant to the schedule detailed in this Section. SHP shall also have its nursing staff available by phone to the County's officers twenty-four (24) hours per day, seven (7) days per week when its nursing staff is not scheduled to be on-site.

Section 6.1 is hereby replaced in its entirety by the following:

6.1 Term. This Agreement shall commence on August 1, 2007. The term of this Agreement shall end on June 30, 2017, and shall be automatically extended for additional one-year terms, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate at the end of the period.

Section 7.1 is hereby replaced in its entirety by the following:

7.1 Base Compensation. Effective November 15, 2016, County will compensate SHP based on a twelve-month annualized price of \$144,403.92 during the term of this Agreement, payable in monthly installments. Monthly installments based on the twelve-month annualized price of \$144,403.92 will be in the amount of \$12,033.66 each. The total amount of base compensation payable to SHP for the shortened contract period of seven months and sixteen days, effective November 15, 2016, through June 30, 2017 will be \$90,653.70. SHP will bill County approximately thirty days prior to the month in which services are to be rendered. County agrees to pay SHP prior to the tenth day of the month in which services are rendered. In the event this Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to SHP will be prorated accordingly for the shortened month.

IN WITNESS WHEREOF, the parties have executed this Agreement in their official capacities with legal authority to do so.

CHATHAM COUNTY, NC

BY:

Renee L Paschal

Renee Paschal

County Manager

Date: 10/18/16

ATTEST:

Lindsay K. Gray

Date: 10-18-16

SOUTHERN HEALTH PARTNERS, INC.

BY:

Jennifer Hairsine

Jennifer Hairsine, President and Chief Executive Officer

Date: 10-12-16