



**GUILFORD COUNTY CONTRACT NO. 90006348**  
**Parent Contract No.**

**THIS CONTRACT AMENDMENT** is hereby made, entered into, and effective as of November 01, 2024, by and between GUILFORD COUNTY, a body politic and corporate of the State of North Carolina, hereinafter referred to as the “COUNTY,” and CAROLINA THERAPEUTIC SERVICES, hereinafter referred to as the “CONTRACTOR,” and also collectively referred to as the “Parties.”

**W I T N E S S E T H:**

**WHEREAS**, the Parties entered into a CONTRACT on July 01, 2024 for an amount of \$105,000.00 whereby the CONTRACTOR agreed to provide: Room & Board services to the COUNTY,

**WHEREAS**, said CONTRACT was amended on September 01, 2024, to an amount of \$195,000.00;

**WHEREAS**, the Contract may be revised or modified with a written Contract Amendment executed by both Parties;

**WHEREAS**, the Parties now wish to modify the terms of the Contract; and,

**NOW, THEREFORE**, the Parties mutually agree that, as of the effective date of this Contract, the following changes are hereby made to the initial Contract as follows:

**CHANGES:**

Paragraph 8 of the CONTRACT will change the total amount of the contract from \$195,000.00 (as reflected in Amendment 1) to \$575,000.00, for an increase of \$380,000.00.

**JURISDICTION.** The Parties agree that this Contract is subject to the jurisdiction and laws of the State of North Carolina. The CONTRACTOR will comply with bid restrictions, if any, and applicable laws, including N.C.G.S. §143-129(j) regarding E-Verify. Any controversies arising out of this Contract shall be governed by and construed in accordance with the laws of the State of North Carolina.

**PRIOR AGREEMENTS.** All other provisions of the initial Contract and subsequent modifications and revisions, are hereby ratified and shall continue in full force and effect without change, unless and until revised upon mutual written Agreement of the Parties, or terminated as provided herein.

(The remainder of this page is intentionally left blank.  
This Contract continues with signatures on the following page.)

WITNESS the following signatures and seals all pursuant to authority duly granted, effective as of the day and year first above written.

**GUILFORD COUNTY**

ATTEST:

\_\_\_\_\_  
Victor Isler Date  
Assistant Guilford County Manager

\_\_\_\_\_  
Robin B. Keller Date  
Guilford County Clerk to Board

**CAROLINA THERAPEUTIC SERVICES**

ATTEST:

\_\_\_\_\_  
Date  
Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Date  
Witness  
Print Name: \_\_\_\_\_

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Donald P. Warn Date  
Guilford County Chief Financial Officer

\_\_\_\_\_  
Guilford County Department Director / Designee