



GUILFORD COUNTY CONTRACT NO. 90007473
Amendment No. 1
Parent Contract No. N/A

THIS CONTRACT AMENDMENT is hereby made, entered into, and effective as of January 1, 2026, by and between GUILFORD COUNTY, a body politic and corporate of the State of North Carolina, hereinafter referred to as the "COUNTY," and NEUROAGILE LEADERSHIP & WORKFORCE CONSULTING d/b/a ALLIES 4 OUTCOMES, hereinafter referred to as the "CONTRACTOR," and also collectively referred to as the "Parties."

WITNESSETH:

WHEREAS, the Parties entered into a CONTRACT on 01 July 2025, whereby the CONTRACTOR agreed to provide the following goods and/or service(s) to the COUNTY: Social Work Temp Staffing for Child Protective Services, and

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

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:

Additional hours of services from 360 hours to 1,740 hours of ISSWT time to complete backlog assessment cases and permanency planning visits as referenced by Attachment A for an increase of \$297,557.00. The new maximum exposure will be \$433,997.00.

JURISDICTION & VENUE. 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. All actions filed under this Contract shall be filed in Guilford County District or Superior Court.

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:

Print Name:

Title:

Print Name:

Title:

ATTEST:

Date

Title: _____

Print Name: _____

Date

Witness

Print Name: _____

Guilford County Department Director / Designee