



**Southern Health
Partners**

Your Partner In Affordable Inmate Healthcare

March 7, 2016

Sheriff Ricky Oliver
Yadkin County Sheriff's Office
P.O. Box 443
Yadkinville, NC 27055

Re: Health Services Agreement

Dear Sheriff Oliver:

I hope you are doing well. SHP appreciates the opportunity to partner with you and Yadkin County in managing the inmate medical needs at the Detention Center. Planning for the annual Health Services Agreement renewal in July, after review of the contract, we have determined a 3% rate adjustment will be needed for the 2016-2017 period. We were able to let the contract go for the last four consecutive years without an annual fee increase for renewal. The only exception for the contract price increase over the last two years has been as a result of ADP limit and staffing changes. This year, however, we will need a price increase to help with the costs of continuing a quality program of care at the site.

The renewal pricing terms based on a 3% increase on the base fee and per diem rate are noted below for your records. The difference in the base rate is \$390.47 more per month:

Contract period:	July 1, 2016 through June 30, 2017
Base annualized fee:	\$160,871.76
Base monthly fee:	\$13,405.98
Per diem greater than 90:	\$1.79

We are requesting a signature below on behalf of the County to acknowledge the new base price and per diem rate for the 2016-2017 period, rather than formally extending our Agreement for another year by contract Amendment. Please keep this letter for your records and return a signed copy to my attention by fax (423-305-6964) or email (jeanette.rodriquez@southernhealthpartners.com) no later than June 30, 2016. All provisions of the contract will remain in full force and effect during the renewal period unless amended or modified in writing by the parties.

If you have any questions or concerns you would like to discuss, then I would be happy to help if there is anything you need. Please feel free to contact me directly in our Chattanooga Corporate Office at 423-553-5635, ext. 9-22.

We look forward to continuing our association with you and Yadkin County.

Sincerely,

SOUTHERN HEALTH PARTNERS, INC.

Jeanette Rodriguez
Jeanette Rodriguez
Contracts Administrator

YADKIN COUNTY, NC

BY:

William L. Oliver

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

Digitally signed by Gary
DN: cn=Gary, o=Finance,
ou=Yadkin Co,
email=groce@yadkincountync.
gov, c=US
Date: 2016.08.11 10:09:06
-0400

cc: Leslie Nations

2030 Hamilton Place Boulevard, Suite 140
Chattanooga, TN 37421
423.553.5635 (phone) 423.553.5645 (fax)

STATE OF NORTH CAROLINA)
)
COUNTY OF YADKIN)

AFFIDAVIT

I, Katie Utz (the individual attesting below), being duly authorized by and on behalf of Southern Health Partners (the entity bidding on project hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS §64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State: (mark Yes or No)
 - a. YES X, or
 - b. NO _____ (If answer is no, Employer is not required to use E-Verify)
4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

This 18th day of November, 201 3.

Katie Utz
Signature of Affiant

Print or Type Name and Title of Officer of the Company: Katie Utz, Vice-President Human Resources

State of Tennessee County of Hamilton
~~State of North Carolina County of Yadkin~~

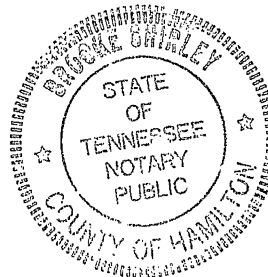
Signed and sworn to (or affirmed) before me, this the 18th

day of November, 201 13.

My Commission expires: 8/19/15

Brooke Shirley
Notary Public

(Affix Official/Notarial Seal)



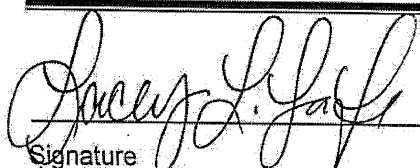
RFP Number (if applicable): _____

Name of Vendor or Bidder: Southern Health Partners, Inc.

**IRAN DIVESTMENT ACT CERTIFICATION
REQUIRED BY N.C.G.S. 143C-6A-5(a)**

As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 143-6A-4.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.



Signature

Lacey L. LaFure

Printed Name

8/10/16

Date

VP, Acting CFO

Title

Notes to persons signing this form:

N.C.G.S. 143C-6A-5(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 143C-6A-5(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must not utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address www.nctreasurer.com/iran and will be updated every 180 days.