

**SECOND AMENDMENT TO
GRANT AGREEMENT BETWEEN THE CITY OF FRESNO AND NORTH
FRESNO PRIMARY CARE, INC., REGARDING COVID-19 TESTING, TRACING,
AND QUARANTINE SUPPORT**

THIS SECOND AMENDMENT TO GRANT AGREEMENT is effective as of _____, 2021, and amends the Grant Agreement between the CITY OF FRESNO, a municipal corporation (CITY), and NORTH FRESNO PRIMARY CARE, INC. (Bautista Medical Group) (GRANTEE).

RECITALS

- A. CITY and GRANTEE entered into the Grant Agreement effective September 3, 2020, and First Amendment effective November 22, 2020 (collectively, the Agreement), related to COVID-19 testing, tracing, and quarantine support.
- B. CITY and GRANTEE now desire to modify the Agreement by extending the timeline for performance as set forth below.

AGREEMENT

NOW, THEREFORE, in consideration of the above recitals, which recitals are contractual in nature, the mutual promises herein contained, and for other good and valuable consideration hereby acknowledged, the parties agree that the Agreement be amended as follows:

- 1. **Term.** The term of the Agreement shall be extended through June 30, 2021.
- 2. **Compensation.** As of the date of this Second Amendment, GRANTEE has been paid in full for all services to be provided pursuant to the Agreement and this Second Amendment, and GRANTEE shall be entitled to no additional compensation.
- 3. **Effect of Amendment.** Except as expressly modified by this Second Amendment, the Agreement is hereby reaffirmed and ratified. In the event of any conflict between the Agreement and this Second Amendment, this Second Amendment shall control.

[Signatures follow on the next page.]

IN WITNESS WHEREOF, the parties have executed this Second Amendment on the date set forth above.

CITY OF FRESNO,
a California municipal corporation

NORTHEAST FRESNO PRIMARY
CARE, INC.
a California corporation

By: _____
Thomas C. Esqueda
City Manager

By: _____

Name: _____

APPROVED AS TO FORM:
DOUGLAS T. SLOAN
City Attorney

Title: _____
(If corporation or LLC., Board Chair,
Pres. or Vice Pres.)

By: _____
Deputy City Attorney

Date

By: _____

Name: _____

ATTEST:
YVONNE SPENCE, CRM MMC
City Clerk

Title: _____
(If corporation or LLC., CFO, Treasurer,
Secretary or Assistant Secretary)

By: _____
Deputy