



City Clerk Document No. _____

City Council Meeting Date: _____

**AMENDMENT TO CITY OF CHANDLER AGREEMENT
FIRST RESPONDER CANCER SCREENINGS
CITY OF CHANDLER AGREEMENT NO. FD4-948-4766**

THIS AMENDMENT NO. 2 is made and entered into by and between the City of Chandler, an Arizona municipal corporation (City), and Vincere Physicians Group, PLLC, dba Vincere Cancer Center, an Arizona professional limited liability company (Contractor), (City and Contractor may individually be referred to as Party and collectively referred to as Parties) and made _____, 2026 (Effective Date).

RECITALS

WHEREAS, the Parties entered into an agreement for first responder cancer screenings as more fully described in Exhibit A of the original agreement; and

WHEREAS, the term of the Agreement was July 1, 2024 through June 30, 2025, with the option of up to four one-year extensions; and

WHEREAS, the Parties wish to exercise the first option through this Amendment to extend the Agreement for one year.

AGREEMENT

NOW THEREFORE, the Parties agree as follows:

1. The recitals are accurate and are incorporated and made a part of the Agreement by this reference.
2. Section III is amended to read as follows: The Agreement is extended for a one-year period July 1, 2026 through June 30, 2027.
3. Section IV is amended to read as follows: The City will pay the Contractor the per unit cost set forth in Exhibit B of the original Agreement, which is incorporated into and made a part of this Amendment No. 2 by this reference. Total payments made to the Contractor during the term of this Amendment No. 2 will not exceed \$ 550,000.

- 4. All other terms and conditions of the Agreement remain unchanged and in full force and effect. If a conflict or ambiguity arises between this Amendment No. 2 and the Agreement, the terms and conditions in this Amendment No. 2 prevail and control.

IN WITNESS WHEREOF, the Parties have entered into this Amendment on the Effective Date.

FOR THE CITY

By: _____

Its: Mayor

FOR THE CONTRACTOR

Dr. Vershatee Shukla

By: _____

Its: Director of Oncology

APPROVED AS TO FORM:

By: _____

City Attorney *JNB*

ATTEST:

By: _____

City Clerk