

AMENDMENT

DATE: 5/3/2023

ADVANTAGE CONTRACT #: MA-10A-2203310000000000097

DEPARTMENT AGREEMENT #: DRPC-22-709A

AMENDMENT AMOUNT: \$0.00

This Amendment, is between the following Department of the State of Maine and Provider:

| State of Maine DEPARTMENT | | | | | |
|--|--|--|--|--|--|
| DEPARTMENT: Health and Human Services | | | | | |
| | | | | | |
| ip Code: 04330 | | | | | |
| | | | | | |
| PROVIDER | | | | | |
| PROVIDER: Cross Country Staffing, Inc. | | | | | |
| DBA: Medical Doctor Associates, LLC/Cross Country Locums | | | | | |
| Address: P.O. BOX 277185 | | | | | |
| 384-7185 | | | | | |
| | | | | | |

Provider's Vendor Customer #: VS0000009168

Each signatory below represents that the person has the requisite authority to enter into this Contract. The parties sign and cause this Contract to be executed.

Department of Health and Human Services

Signature Ben/amin Mann, Deputy Commissioner of Finance

Date

Provider -DocuSigned by: Karen Mote

Signature Karen Mote, Executive Director

8/7/2023

Date ____

Amendment rev. May 2020

Upon final approval by the Division of Procurement Services, a case details page will be made part of this contract.

AMENDMENT

The contract is hereby amended as follows: (Check and complete all that apply)

| | Amended Period: | Original Start Date: 12/31/2021 | Date: 4/14/2023 | |
|------------------------------------|--------------------|--|-------------------|----------------|
| | | Amendment Start Date: 4/15/2023 | | |
| | | Reason: The vendor was selected as a result of an first renewal of the performance period. | n RFP and this ex | tension is the |
| Agreement Amendment Summary: | | Original Agreement | \$ | 0.00 |
| | | Amendment A [Change Contract Period] | \$ | 0.00 |
| Jour | initian y. | Revised Total | \$ | 0.00 |

All other terms and conditions of the original contract and subsequent contract amendments remain in full force and effect.