

CONTRACT ROUTING FORM

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: County Manager's Office

Department contract file name (use effective date): Catapult_Health_HR_20240919

Project Code: Click here to enter text.

Contract type: Agreement

Contracted Services/Goods: On-site biometric screenings

Contract Component: Addendum

Change Order Number/Addendum Number: Click here to enter text.

Vendor Name: Catapult Health

Effective Date: 9/19/2024

Approved by: County Manager

Ending Date: Click here to enter a date.

Total Amount: \$195 base checkup fee, charged to health insurance as primary care visit

2. Department Head or his/her designee has read the contract in its entirety.

By: _____ (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract Reason: _____

This is an automatic renewal and does not require approval from the County Attorney: Yes No



If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes No

5. Vendor has signed the contract. Yes No

6. A budget amendment is necessary before approval. Yes No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

Clerk's Office Only

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract



Catapult Health Addendum VirtualCheckup Onsite

Number of Employees/Members eligible to participate in these Onsite Events: 500

Estimated total number of onsite checkup Participants: 50

Each checkup milestone fee for each Participant will be billed on the date of service or occurrence as follows: onsite collection of blood sample and physical measurements = \$40; overnight sample return and lab processing = \$60; clinical audio/video consult, depression screening, filled Rx import, referral into health improvement programs = \$95. The fees detailed above shall apply to Participants in the eligibility file and others approved by Customer (new hires, recent additions to benefit plan, approved Participants not covered by the benefit plan). Catapult's minimum participation requirement is 50 paid, completed Checkups per year across all locations and testing options. When delivering Checkups at Customer's worksite(s), Customer also agrees to minimum participation requirements of 25 paid, completed checkups per small team event shift, and 50 paid completed checkups per standard team event. The minimum participation fee shall be equal to the Base Checkup Fee (\$195) times the shortfall number, in the event a daily or annual shortfall occurs. Onsite Event Shifts cancelled in writing with more than 30 calendar days advance notice to Catapult will not result in a cancellation fee. Onsite Event Shifts cancelled with 15-30 calendar days advance written notice will result in a cancellation fee of \$2,000 per cancelled Event Shift, and onsite Event Shifts cancelled with 15 or less calendar days advance written notice will incur a cancellation fee of \$4,000, unless such cancellation was due to a Force Majeure Event. If Catapult's provider agreement with Customer's health plan is amended and Catapult is filing claims with the health plan for Services rendered, Catapult's checkup milestone fees will be adjusted to match the amended rates for Services offered.

Onsite Event Date(s): 9/19/2024 to 9/19/2024

Locations	Dates	Minimum Participation
Pittsboro, NC	9/19/2024	50

If checked, Customer directs Catapult to allow individuals not covered by the health plan to participate in a Checkup, and Customer agrees to pay Catapult directly as invoiced for Services provided to non-covered Participants.

This Addendum amends all prior agreements between Catapult Health and Customer, and the terms of this Addendum override and control any conflicting term or condition in any prior agreement, written and oral, between the parties. All non-conflicting terms and conditions of prior agreements between Catapult Health and Customer remain in full force and effect.

CATAPULT HEALTH, LLC

By: _____

Date: _____

Name:

Title:

Address:

City, State, Zip:

Chatham County

By:  _____

Date: 7/16/2024

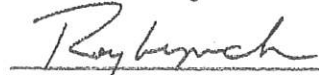
Name: Dan LaMontagne

Title: County Manager

Address: PO Box 1809

City, State, Zip: Pittsboro, NC 27312

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


Roy Lynch, Finance Officer