

**AMENDMENT NO. 4 TO FORM OF CONTRACT**

Contractor: **Senior Services North Fulton**

Contract No. **18RFP11228A-FB – Aging Services**

Address: **11381 Southbridge Parkway**

City, State **Alpharetta, GA 30022**

Telephone: **770-993-1906 x237**

E-mail: rharlow@ssnorthfulton.org

Contact: **Ron Harlow**  
**Executive Director**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with **Senior Services North Fulton** to provide/perform **Aging Services**, dated December 16, 2020, on behalf of the Department of Senior Services; and;

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and,

WHEREAS, on January 20, 2021, Item#2021-0053, the Fulton County Board of Commissioners approved the grant award in the amount \$72,000.00 for Aging Services; and,

Whereas, this amendment was approved by the Fulton County Board of Commissioners on January 20, 2021 Item#2021-0053.

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 4 to Form of Contract between Fulton County and Senior Services North Fulton who agree that all services specified will be performed in accordance with this Amendment No. 4 to Form of Contract and the Contract Documents effective upon approval.

1. **SCOPE OF WORK TO BE PERFORMED:** No change in scope of work.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$72,000.00.**

3. **LIABILITY OF COUNTY:** This Amendment No. 4 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 4 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**IN WITNESS THEREOF**, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

**FULTON COUNTY, GEORGIA**

CONSULTANT:

**SENIOR SERVICES NORTH  
FULTON**

\_\_\_\_\_  
Robert L. Pitts, Chairman  
Board of Commissioners

ATTEST:

\_\_\_\_\_  
Ron Harlow, Executive Director

ATTEST:

\_\_\_\_\_  
Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

\_\_\_\_\_  
Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

\_\_\_\_\_  
Office of the County Attorney

APPROVED AS TO CONTENT:

\_\_\_\_\_  
Notary Public

County: \_\_\_\_\_

\_\_\_\_\_  
[insert department head name & title]  
[insert user department name]

Commission Expires: \_\_\_\_\_

(Affix Notary Seal)

ITEM#:_____ RCS:_____	ITEM#:_____ RM:_____
RECESS MEETING	REGULAR MEETING

