

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Trusted Hands Senior Care, LLC**

Contract No. **21RFQ00007A-CJ – In-Home Services**

Address: **600 Houze Way, STE D5**
City, State **Roswell, GA 30076**

Telephone: **(470) 541-2100**

E-mail: info@trustedhandscare.com

Contact: **Monique Collins**
Executive Director

W I T N E S S E T H

WHEREAS, Fulton County (“County”) entered into a Contract with Trusted Hands Senior Care, LLC to provide in-home services, dated March 1, 2024, on behalf of the Department of Senior Services; and

WHEREAS, increasing the reimbursable rate within the existing spending authority of the agreement with Trusted Hands Senior Care, LLC for a total of \$45,400 to plan and coordinate the provision of homemaker, personal care and respite care for Trusted Hands Senior Care, LLC eligible seniors aged 60 and above; and

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 6, 2024, BOC Item Number_____.

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

This Amendment No. 2 to Form of Contract is effective as of the ____ day of _____, 20__, between the County and Trusted Hands Senior Care, LLC, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To plan and coordinate the provision of homemaker services, personal care and respite care for eligible seniors aged 60 and above.
2. **COMPENSATION:** The services described under Scope of Work herein shall be

performed by Contractor at an increased reimbursable rate of _____.

3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

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

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

Ladisa Onyiliogwu, Director
Department of Senior Services

CONSULTANT:

**SENIOR SERVICES NORTH
FULTON**

Ron Harlow,
Executive Director

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

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