



**CONTRACT AMENDMENT**

The Department of Behavioral Health and Developmental Disabilities contract identified below is amended as indicated within this contract amendment. The effective date of this amendment is **October 1, 2025**.

STATE OF GEORGIA CONTRACT	
<b>State Entity's Name:</b>	Georgia Department of Behavioral Health and Developmental Disabilities
<b>Contractor's Legal Name:</b>	Fulton County Department of Behavioral Health and Developmental Disabilities
<b>Address:</b>	99 Jesse Hill Jr. Drive SE, Atlanta, GA 30303
<b>Contract Number:</b>	44100-906-CMA00005299
<b>Unique Entity ID:</b>	J3Y1XYZYUFQ5
<b>Service:</b>	AD Clubhouse Services
<b>Initial Contract Start Date:</b>	October 1, 2024
<b>Existing Contract Term:</b>	October 1, 2024 – September 30, 2025
<b>Amendment Number:</b>	1

WHEREAS, the Contract is in effect through the Existing Contract Term as defined above; and

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

- PERIOD OF CONTRACT (PARA 102):** The contract's end date is being changed to **September 30, 2026**.
- DEPARTMENT PAYMENT TO CONTRACTOR (PARA 301):** The parties hereby agree that **\$400,000.00** of additional funding is being obligated to the contract.

The Department will make payments to the Contractor based upon reimbursement for actual expenses incurred which are within the approved budget. Total contract reimbursement for expenses shall not exceed **\$800,000.00**.

*Please refer to Vendor Connect for the Federal Award Identification Number (FAIN) that is associated with this Federal grant.*

- ADMINISTRATIVE CHANGES (SECTION I)** is being amended to include the administrative changes attached to the contract as **Annex H**.
- SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
- ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.
- All other terms and conditions remain the same.

DBHDD Contract **Annex D** is **DELETED** and **REPLACED** by the attached **Annex D**, dated **October 1, 2025**.

DBHDD Contract is amended to **ADD Annex H** titled **CONTRACT ADMINISTRATIVE CHANGES** dated **October 1, 2025**, and by reference, the Annex is made a part of this contract.

**SIGNATURES TO CONTRACT BETWEEN**  
**THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES**  
**AND**  
**FULTON COUNTY DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES**

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

**CONTRACTOR:**

<b>Authorized Signature:</b>	<i>Robert Pitts</i>
<b>Printed Name:</b>	Robert Pitts
<b>Title:</b>	Chairman
<b>Date:</b>	02/18/2026   12:27 PM EST

**STATE ENTITY:**

<b>Commissioner or Authorized Signature:</b>	
<b>Date:</b>	

*Demetrius Smith*

Item #25-0375 Date: 05/21/25

**CONTRACT BUDGET AND MONTHLY CUMULATIVE CONTRACT EXPENDITURE REPORT**

**Contractor:** Fulton County Department of Behavioral Health and Developmental Disabilities  
**Contractor Number:** 44100-906-CMA00005299 **Contractor's Expenditure/Account #:** \_\_\_\_\_

**Electronic Funds Transfer?** Yes  (Must have completed authorization for EFT on file.) No

Remit Checks or Remittance Advice to:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Attn: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type Expense	Approved Budget	Prior Cumulative Contract Expenditures	MONTH of _____ Expenditures for Reimbursement	Balance of Funds
A. Personnel Services	\$ 527,214.50	\$ 0.0	\$ 0.00	\$ 0.00
B. Pre-approved Funds	\$ 10,000.00	\$ 0.0	\$ 0.00	\$ 0.00
C. Regular Operating	\$ 42,000.00	\$ 0.0	\$ 0.00	\$ 0.00
D. Educational Services	\$ 31,509.04	\$ 0.0	\$ 0.00	\$ 0.00
E. Nutrition Education	\$ 8,524.80	\$ 0.0	\$ 0.00	\$ 0.00
F. Employment Services	\$ 4,731.90	\$ 0.0	\$ 0.00	\$ 0.00
G. Family Involved Activities	\$ 3,072.00	\$ 0.0	\$ 0.00	\$ 0.00
H. Transportation Costs	\$ 56,628.00	\$ 0.0	\$ 0.00	\$ 0.00
I. Drug Screen Expenses	\$ 17,960.00	\$ 0.0	\$ 0.00	\$ 0.00
J. Off-Site Social Activities	\$ 28,359.76	\$ 0.0	\$ 0.00	\$ 0.00
K. Other Direct Costs	\$ 70,000.00	\$ 0.0	\$ 0.00	\$ 0.00
<b>TOTAL</b>	<b>\$ 800,000.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

I, the undersigned, certify that the expenditures reported have been made for program accomplishments within the approved budgeted items:

Prepared by:  
  
 \_\_\_\_\_  
 Contractor Signature

Approval for Payment:  
 \_\_\_\_\_  
 Signature of DBHDD Approving Authority

Robert Pitts  
 \_\_\_\_\_  
 Typed Name and Title

\_\_\_\_\_  
 Typed Name and Title

02/18/2026 | 12:27 PM EST 404-613-2330  
 \_\_\_\_\_  
 Date Phone

\_\_\_\_\_  
 Date Approved



**CONTRACT ADMINISTRATIVE CHANGES**

The purpose of this document is to provide written notice of the State Entity's decision to exercise its right to amend the contract for administrative reasons. To the extent the contract requires the State Entity to notify the Supplier, in writing, of any changes to the administrative data of the contract, this notice is provided to the Contractor for compliance with the requirement(s).

**DBHDD Contract Section I, is amended to revise the following para(s):**

**PARA #104 NONDISCRIMINATION BY CONTRACTORS AND SUBCONTRACTORS:**

(104A) 05/22/2024

- A. **NONDISCRIMINATION IN EMPLOYMENT PRACTICES:** The Contractor agrees to comply with federal and state laws, rules and regulations, and the Department's policy relative to nondiscrimination in employment practices because of political affiliation, religion, race, color, sex, handicap, age, creed, veteran status or national origin. Nondiscrimination in employment practices is applicable to employees, applicants for employment, promotions, demotions, dismissal, and other elements affecting employment/employees.
- B. **NONDISCRIMINATION IN CONSUMER/CUSTOMER/CLIENT/CONSUMER/CUSTOMER/CLIENT SERVICE PRACTICES:** The Contractor agrees to comply with federal and state laws, rules and regulations, and the Department's policy relative to nondiscrimination in consumer/customer/client and consumer/customer/client service practices because of political affiliation, religion, race, color, sex, handicap, age, creed, veteran status or national origin. Neither shall any individual be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted or supported by the Department.
- C. **COMPLIANCE WITH APPLICABLE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT:** The Contractor agrees to comply with all applicable provisions of the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq., and its implementing regulations (including but not limited to 28 C.F.R. Part 36); Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 701 et seq.; and any relevant federal and state laws, rules and regulations regarding employment practices toward individuals with disabilities and the availability/accessibility of programs, activities, or services for consumers/customers/clients with disabilities.
- D. The Contractor agrees to require any subcontractor performing services funded through this contract to comply with all provisions of the federal and state laws, rules, regulations and policies described in this paragraph.

## Certificate Of Completion

Envelope Id: C4DF8BAD-673B-4066-8F27-D7F5F269A2FE	Status: Completed
Subject: Complete with Docusign: Fulton County DBHDD FY26 AD Clubhouse Services 5299 AMD1.pdf	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 4	Signatures: 4
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Alana Gillespie
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	141 Pryor Street
	Purchasing & Contract Compliance, Suite 1168
	Atlanta, GA 30303
	alana.Gillespie@fultoncountyga.gov
	IP Address: 2601:c2:1d81:27

## Record Tracking

Status: Original 2/13/2026 2:01:37 PM	Holder: Alana Gillespie alana.Gillespie@fultoncountyga.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

## Signer Events

Signer Events	Signature	Timestamp
Robert Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 2/18/2026 11:18:39 AM Viewed: 2/18/2026 12:25:35 PM Signed: 2/18/2026 12:27:07 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 2/18/2026 12:25:35 PM  
ID: 529de7b4-403f-4ade-bdee-5e226f25efa6

Tonya Grier Tonya.Grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	 Signature Adoption: Uploaded Signature Image Using IP Address: 74.174.59.10	Sent: 2/18/2026 12:27:09 PM Viewed: 2/19/2026 9:48:06 AM Signed: 2/19/2026 9:48:28 AM
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**Electronic Record and Signature Disclosure:**  
Accepted: 10/27/2025 11:21:47 AM  
ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab

## In Person Signer Events

In Person Signer Events	Signature	Timestamp
In Person Signing Host: Dawn Peterson Nikki.Peterson@fultoncountyga.gov	<b>Completed</b>	Sent: 2/13/2026 2:10:25 PM Viewed: 2/18/2026 11:15:47 AM Signed: 2/18/2026 11:18:37 AM
In Person Signer: Nikki Peterson Security Level: In Person	Using IP Address: 74.174.59.10	

**Electronic Record and Signature Disclosure:**  
Accepted: 2/18/2026 11:15:47 AM  
ID: 6f993c35-aabb-49bf-b3b1-50d5a2b2318b

## Editor Delivery Events

Status

Timestamp

## Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Christy Fletcher christy.fletcher@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 2/19/2026 9:48:30 AM Viewed: 2/19/2026 9:52:00 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	2/13/2026 2:10:25 PM
Certified Delivered	Security Checked	2/19/2026 9:48:06 AM
Signing Complete	Security Checked	2/19/2026 9:48:28 AM
Completed	Security Checked	2/19/2026 9:48:30 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Carahsoft OBO Fulton County, Georgia:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov)

**To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.