



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Senior Services

BID/RFP NUMBER: 23RFP137278A-CJC

BID/RFP TITLE: Comprehensive Nutrition Services

ORIGINAL APPROVAL DATE: March 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2026 – December 31, 2026

RENEWAL OPTION #: 3 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$2,725,884.69

COMPANY'S NAME: Open Hand Atlanta, Inc.

ADDRESS: 1380 West Marietta St. NW

CITY: Atlanta

STATE: GA

ZIP: 30318

This Renewal Agreement No. 3 was approved by the Fulton County Board of

Commissioners on BOC DATE: 10/1/2025 BOC NUMBER: 25-0741

CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

Open Hand Atlanta, Inc.

Signed by:

Robert L. Pitts

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

DocuSigned by:

Matthew Pieper

**Matthew Pieper
CEO**

ATTEST:

Signed by:

Tonya R. Grier

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

DocuSigned by:

Ladisa Onyiliogwu

**Ladisa Onyiliogwu, Director
Senior Services**



Certificate of Insurance

X RM

SRM

ITEM#: 25-0741 RM: 10/01/2025	ITEM#: xxx 2nd RM: xxx
REGULAR MEETING	SECOND REGULAR MEETING

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 200 Brookstone Centre Pkwy Suite 118 Columbus, GA 31904	<table border="1"> <tr> <td colspan="2">CONTACT NAME: Emily Fuller</td> </tr> <tr> <td>PHONE (A/C, No, Ext): -</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Emily.Fuller@MarshMMA.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td style="text-align: right;">NAIC # 18058</td> </tr> <tr> <td>INSURER B : Philadelphia Indemnity Insurance Compan</td> <td style="text-align: right;">18058</td> </tr> <tr> <td>INSURER C : Key Risk Insurance Company</td> <td style="text-align: right;">10885</td> </tr> <tr> <td>INSURER D : Travelers Casualty and Surety Company</td> <td style="text-align: right;">19038</td> </tr> <tr> <td>INSURER E : National Union Fire Ins Co of Pittsburg</td> <td style="text-align: right;">19445</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME: Emily Fuller		PHONE (A/C, No, Ext): -	FAX (A/C, No):	E-MAIL ADDRESS: Emily.Fuller@MarshMMA.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Philadelphia Indemnity Insurance Co.	NAIC # 18058	INSURER B : Philadelphia Indemnity Insurance Compan	18058	INSURER C : Key Risk Insurance Company	10885	INSURER D : Travelers Casualty and Surety Company	19038	INSURER E : National Union Fire Ins Co of Pittsburg	19445	INSURER F :	
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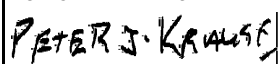
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2599804002	09/30/2025	09/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2599804002	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			PHUB880716002	09/30/2025	09/30/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? Y/N <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	KRM768131102	09/30/2025	09/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	CL Executive			105497591	09/30/2025	09/30/2026	500,000
D	CL Executive			SRG0009120729C	09/30/2025	09/30/2026	1,000,000
E	CL Accident			SRG0009120729C	09/30/2025	09/30/2026	250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

****Professional Liability Coverage Information****
 Policy Number- PHPK2599804 Effective 9/30/2025 Expires 9/30/2026
 (CGL) Additional Insured as required by contract per General Liability Deluxe Endorsement form PI-GLD-HS (10/11)

CERTIFICATE HOLDER Fulton County Government 141 Pryor Street Atlanta, GA 30303-3408	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Certificate Of Completion

Envelope Id: 18A2B4BE-F9FE-42CA-8143-5A555B205FE8

Status: Completed

Subject: 23RFP137278A-CJC, Comprehensive Nutrition Services - Open Hand Atlanta, Inc. (Renewal 3)

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 4

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Brian Jones

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

brian.jones@fultoncountyga.gov

IP Address: 134.231.232.249

Record Tracking

Status: Original

Holder: Brian Jones

Location: DocuSign

10/6/2025 10:42:50 PM

brian.jones@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Matthew Pieper

mpieper@openhandatlanta.org

CEO

Open Hand Atlanta, Inc.

Security Level: Email, Account Authentication (None)

DocuSigned by:

489BEC7316AB448...

Signature Adoption: Drawn on Device
Using IP Address: 50.168.222.30

Sent: 10/6/2025 10:49:07 PM

Resent: 10/13/2025 12:31:23 PM

Viewed: 10/13/2025 1:13:29 PM

Signed: 10/16/2025 2:38:34 PM

Electronic Record and Signature Disclosure:

Accepted: 6/10/2019 4:38:54 PM

ID: bf7ba431-44b2-4302-81b9-d754dfea6b76

Ladisa Onyiliogwu

Ladisa.Onyiliogwu@fultoncountyga.gov

Security Level: Email, Account Authentication (None)

DocuSigned by:

F58283B77B1A4C2...

Signature Adoption: Pre-selected Style
Using IP Address: 2600:387:f:21a::3
Signed using mobile

Sent: 10/16/2025 2:38:36 PM

Viewed: 10/17/2025 1:11:46 PM

Signed: 10/17/2025 1:12:18 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

Nikki.Peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners
Fulton County Government

Security Level: Email, Account Authentication (None)

Completed

Using IP Address: 66.56.23.82

Sent: 10/17/2025 1:12:19 PM

Viewed: 10/21/2025 3:47:40 PM

Signed: 10/29/2025 6:50:09 PM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts

harriet.thomas@fultoncountyga.gov

Chairman

Fulton County

Security Level: Email, Account Authentication (None)

Signed by:

14E1B4AA5F6A44A...

Signature Adoption: Pre-selected Style
Using IP Address: 74.174.59.10

Sent: 10/29/2025 6:50:11 PM

Viewed: 10/30/2025 9:08:49 AM

Signed: 10/30/2025 9:08:58 AM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	10/30/2025 10:26:59 AM
Signing Complete	Security Checked	10/30/2025 10:27:05 AM
Completed	Security Checked	10/30/2025 10:27:07 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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Withdrawing your consent

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.

All notices and disclosures will be sent to you electronically

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

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 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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

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 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.