

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

Contractor: **Visiting Nurses Health Systems**  
Contract: **22RFP035A-CJC – Aging Services**  
Address: **5775 Glenridge Drive NE, Suite E200**  
City, State **Atlanta, GA 30328**  
Email: **dorothy\_davis@vnhs.org**  
Contact: **Dorothy Davis, President and CEO**

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

WHEREAS, Fulton County (“County”) entered into a Contract with Visiting Nurses Health Systems to provide aging services, dated January 1, 2026, on behalf of the Department of Senior Services; and

WHEREAS, increasing the reimbursable rate within the existing spending authority of the agreement with Visiting Nurses Health Systems to plan and coordinate the provision of case management for 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 May 6, 2026, BOC Item **Number\_\_\_\_\_**.

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

This Amendment No. 4 to Form of Contract is effective as of the 1<sup>st</sup> day of January, 2026, between the County and Visiting Nurses Health Systems, who agree that all Services specified will be performed in accordance with this Amendment No. 4 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To plan and coordinate the provision of case management 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 \$30,000 for FY2026.
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.

**[INTENTIONALLY LEFT BLANK]**

**N 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:**

**Visiting Nurses Health System**

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

\_\_\_\_\_  
**Dorothy Davis,  
President and CEO**

**ATTEST:**

**ATTEST:**

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

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

**(Affix County Seal)**

**(Affix Corporate Seal)**

**APPROVED AS TO FORM:**

**ATTEST:**

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

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

**APPROVED AS TO CONTENT:**

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

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

\_\_\_\_\_  
**Pamela Roshell, Chief Operating Officer  
Fulton County, GA**

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RCS:</b> _____	<b>ITEM#:</b> _____ <b>RM:</b> _____
<b>RECESS MEETING</b>	<b>REGULAR MEETING</b>