

AMENDMENT 3. TO FORM CONTRACT

Contractor: Visiting Nurses Health Systems

Contract: 22RFP035A-CJC

ADDRESS: 5775 Glenridge Drive NE, Suite E200

CITY: Atlanta

STATE: GA

ZIP: 30328

Email: dorothy_davis@vnhs.org

Contact: Dorothy Davis, President and CEO

WITNESSETH

WHEREAS, Fulton County (“County”) entered into a contract with Visiting Nurses Health Systems to provide aging services for Fulton County seniors aged 60 and above, commencing on January 1, 2022, on behalf of the Department of Senior Services; and

WHEREAS, Amendment No. 1 amended the existing contract to correct the award amount that inadvertently included project income in the amount of \$123,864.03;

WHEREAS, the first contract renewal was approved by the Fulton County Board of Commissioners on December 20, 2023, BOC item 23-0911; and

WHEREAS, Amendment No. 2 amended the existing agreement, with all terms and conditions unchanged to increase the spending authority due to increased monthly care providers in an amount not to exceed \$30,000 on March 6, 2024, BOC Agenda Item 24-0148; and

WHEREAS, the second contract renewal was approved by the Fulton County Board of Commissioners on November 6, 2024, BOC item 24-0742; and

WHEREAS, the County is now amending the contract to increase the spending authority due to increased monthly care providers in an amount not to exceed \$30,000; 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 ____, 2025, BOC Item **Number_____**.

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

This Amendment No. 3 to Form of Contract is effective as of the ____ day of _____, 20__, between the County and Visiting Nurses Health Systems, who agree that all Services specified will be performed in accordance with this Amendment No. 3 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. To provide services and support to seniors that require assistance due to being homebound or having limited mobility. The case manager assesses the senior's current situation to align services to support them.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor at an increased reimbursable rate of \$30,000.
3. **LIABILITY OF COUNTY:** This Amendment No. 3 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. 3 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 3 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

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

ATTEST:

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

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

**Ladisa Onyiliogwu, Director
Department of Senior Services**

CONSULTANT:

**VISITING NURSE HEALTH
SYSTEM**

**Dorothy Davis,
President and CEO**

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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