



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Behavioral Health, & Developmental Disabilities

BID/RFP NUMBER: 22RFP038A-CJC(E)

BID/RFP TITLE: Fulton County Behavioral Health Network

ORIGINAL APPROVAL DATE: November 2, 2022

RENEWAL EFFECTIVE DATES: January 1, 2025 - December 31, 2025

RENEWAL OPTION #: 2 OF 9

NUMBER OF RENEWAL OPTIONS: 9

RENEWAL AMOUNT: \$800,000.00

COMPANY'S NAME: Health Connect America (HCA) dba Georgia Hope

ADDRESS: 508 Autumn Springs Court, Suite 2A

CITY: Franklin

STATE: TN

ZIP: 37067

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: _____ BOC NUMBER: _____

CERTIFICATE OF INSURANCE: The Contractor/Vendor 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/Vendor 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

**HEALTH CONNECT AMERICA
(HCA) D/B/A GEORGIA HOPE**

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Nikki Raymond
Chief Executive Officer

ATTEST:

ATTEST:

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

LaTrina Foster, Director
Department of Behavioral Health &
Developmental Disabilities

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: _____ 2 nd RM: _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE