



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Behavioral Health, Developmental Disabilities & Addictive

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, 2026 - June 30, 2026

RENEWAL OPTION #: 3 OF 9

NUMBER OF RENEWAL OPTIONS: 9

RENEWAL AMOUNT: \$400,000.00

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. _____ was approved by the Fulton County Board of Commissioners on **BOC DATE:** _____ **BOC NUMBER:** _____.

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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:

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

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

**LaTrina Foster, Director
Department of Behavioral Health &
Developmental Disabilities**

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