

AMENDMENT NO. 2 TO FORM OF 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

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 March 1, 2024, 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, senior center management, and volunteer services 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 March 6, 2024, BOC Item **Number _____**.

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

This Amendment No. 2 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. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To plan and coordinate the provision of case management, senior center management, and volunteer services 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 amount of \$30,000.00.

3. **LIABILITY OF COUNTY:** This Amendment No. 2 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. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

[INSERT COMPANY NAME]

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

[Insert name]
[Insert title]

ATTEST:

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Ladisa Onyiliogwu, Director
Department of Senior Services

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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