



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Senior Services

BID/RFP NUMBER: 23RFP137278A-CJC

BID/RFP TITLE: Comprehensive Nutrition Services

ORIGINAL APPROVAL DATE: March 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2025

RENEWAL OPTION #: 2 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$2,754,104.58

COMPANY'S NAME: Open Hand Atlanta, Inc.

ADDRESS: 181 Armour Drive, NE

CITY: Atlanta

STATE: GA

ZIP: 30324

This Renewal Agreement No. ___ 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

Open Hand Atlanta, Inc.

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

ATTEST:

ATTEST:

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

(Affix County Seal)

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Ladisa Onyiliogwu, Director
Senior Services**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

| | |
|--------------------------------------|---|
| ITEM#: _____ RM: _____ | ITEM#: _____ 2nd RM: _____ |
| REGULAR MEETING | SECOND REGULAR MEETING |

CERTIFICATE OF INSURANCE