

**STATE OF GEORGIA**  
**DEPARTMENT OF HUMAN SERVICES CONTRACT – AMENDMENT and RENEWAL**

**This Contract is entered into between the Department of Human Services and the Contractor named below:**

State Entity's Name: Department of Human Services, through its Division of Child Support Services (DCSS) hereinafter the "Department" or "DHS"). DHS is the State agency that administers and sets parameters for a statewide system of programs and services that provide public assistance to the disadvantaged, disabled and elderly residents of the State of Georgia (the "State") through a network of other agencies and organizations, pursuant to O.C.G.A. § 49-2-1 et seq.

Contractor's Name: Fulton County Board of Commissioners (hereinafter the "Contractor")	Contractor's Address: 136 Pryor Street Southwest Atlanta, GA US 30303
Contractor's FEI #: 58-6001729	Contractor's Accounting Year End Date: 6/30
Contractor's Entity Type: Public	

**Department Administrative Information**

DHS Contract #: 42700-401-25-116790	DHS (State) Financials Vendor ID #: 14732
Requisition #: 119064	PO #: Sub Recipient DUNS: J3Y1XYZUFQ5
NIGP Code: 95259	CFDA #(s): 93.563
<input checked="" type="checkbox"/> Amendment #.1	<input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> Sole Source Event #:
<input type="checkbox"/> Urgent <input type="checkbox"/> Emergency	Renewal Option: #1 out of 4

Expense ☒ Revenue ☐ No Cost ☐

**Total Obligation:** \$9,635.43 Federal: \$6,359.38 State: \$0.00 Match: \$3,276.05 Other: \$0.00

Provide *immediate prior* obligation amounts:

Total Obligation: \$84,833.69 Federal: \$55,990.24 State: \$0.00 Match: \$28,843.45 Other: \$0.00

**Contract Term:**

Current Contract Start Date: 07-01-2024

Contract Expiration Date: 06-30-2025

Contract Fiscal Year: FY 2025

The start date of this amendment is 07-01-2025

The Contract is in effect through 06-30-2026.

**NOW THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

- CONTRACT RENEWAL.** The parties hereby agree that the Contract will be renewed for an additional period of time beginning 07-01-2025 and ending 06-30-2026 ("End Date of New Contract Term") pursuant to the schedule attached to the Contract.
- The parties agree the Contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to renew/extend the contract for an additional period of time.
- AMENDMENT.** The parties hereby agree that the contract is amended as of the above amendment start date as follows:

**AS READS:**

**DEPARTMENT PAYMENT TO CONTRACTOR:**

The total approved budget for this Contract is **\$84,833.69**, and payment for reimbursement of expenses shall not exceed this amount, according to the terms specified below:

- July 1 through September 30 -- Reimbursement for this period will not exceed **\$21,208.42**. Any excess funds can be used for expenses through the remainder of the contract period.
- October 1 through June 30 -- Reimbursement for this period will not exceed **\$63,325.27**, plus any excess funds from first quarter, and this Contract is hereby automatically reduced by the amount of unclaimed reimbursement during the period indicated.

Total contract reimbursement for expenses shall not exceed \$55,990.24.

**USE OF CERTIFIED COST/IN-KIND MATCH:**

- A. The Contractor agrees to furnish certified cost/cash contribution or in-kind match of \$28,843.45 which represents **34%** of the Federal and budgeted local match funds of \$84,833.69. The certified cost/expenditures or in-kind match values will be expended/recorded by the Contractor monthly at not less than the above-stated percentage of the total contract expenditures claimed for reimbursement. Reimbursement by DHS of Federal, State, and other funds will be prorated in direct percentage proportion to the certified cost/cash contribution and/or in-kind match values established in the Contractor accounting records and reported to the Department on the required expenditure report. Verifiable accounting records which adequately identify certified cost/CPE to this specific Contract/Federal program must be maintained. Allowability of certified cost/cash contributions and in-kind match valuations shall be determined under the provisions of the appropriate Federal cost principles.

**IS AMENDED TO READ:**

**DEPARTMENT PAYMENT TO CONTRACTOR:**

The total approved budget for this Contract is \$94,469.12, and payment for reimbursement of expenses shall not exceed this amount, according to the terms specified below:

- A. July 1 through September 30 -- Reimbursement for this period will not exceed \$23,617.28. Any excess funds can be used for expenses through the remainder of the contract period.
- B. October 1 through June 30 -- Reimbursement for this period will not exceed \$70,851.84, plus any excess funds from first quarter, and this Contract is hereby automatically reduced by the amount of unclaimed reimbursement during the period indicated.

Total contract reimbursement for expenses shall not exceed \$62,349.62.

**USE OF CERTIFIED COST/IN-KIND MATCH:**

- A. The Contractor agrees to furnish certified cost/cash contribution or in-kind match of \$32,119.50 which represents **34%** of the Federal and budgeted local match funds of \$94,469.12. The certified cost/expenditures or in-kind match values will be expended/recorded by the Contractor monthly at not less than the above-stated percentage of the total contract expenditures claimed for reimbursement. Reimbursement by DHS of Federal, State, and other funds will be prorated in direct percentage proportion to the certified cost/cash contribution and/or in-kind match values established in the Contractor accounting records and reported to the Department on the required expenditure report. Verifiable accounting records which adequately identify certified cost/CPE to this specific Contract/Federal program must be maintained. Allowability of certified cost/cash contributions and in-kind match valuations shall be determined under the provisions of the appropriate Federal cost principles.

**DHS Annex C titled Payment Provision is deleted and replaced with Annex C titled Payment Provisions.**

4. **SUCCESSORS AND ASSIGNS.** This amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
5. **ENTIRE AGREEMENT.** Except as expressly modified by this amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.

**CONTRACTOR EXECUTION:**

Fulton County Board of Commissioners

*Robert L. Pitts*

Title

**ROBERT L. PITTS  
CHAIRMAN**

Date

*8/25/25*

**DEPARTMENTAL EXECUTION:**

Department of Human Services

Chief of Staff

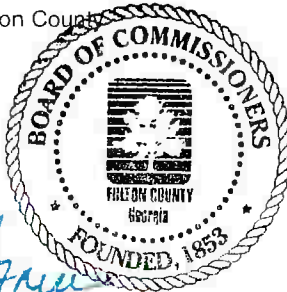
Date signed by the Department

Chairman, Board of Commission of Fulton County

\*\*Attestor's Signature

*Tonya R. Grier*

Attestor's typed name



Division/Officer Director

Assistant Deputy Commissioner

\*\*Title of Attestor

**TONYA R. GRIER  
CLERK TO THE COMMISSION**

Date

\*Must be Chairman or sole Commissioner.

\*\*Must be Clerk of Commission.

ITEM # 250494 FRM 7/9/25  
FIRST REGULAR MEETING

Attachment 1

AGREED DATE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
Office of Child Support Services

42700-401 - 0000114722

July 1, 2025 through June 30, 2026

Proposed Personal Services

Contract Number

LIST NAMES OF EMPLOYEES	TITLE	BASE GROSS SALARY	PROPOSED EXPENDITURE		
			1 <sup>ST</sup> QTR.	2 <sup>ND</sup> QTR.	TOTAL ANNUAL
Richard Battle	Administrative Coordinator II	55,674.00	12,847.80	42,826.20	55,674.00
REGULAR SALARIES - County Employees Only			12,847.80	42,826.20	55,674.00
FICA			847.68	2,825.60	3,673.28
RETIREMENT EMPLOYER CONTRIBUTION			2,762.28	9,207.60	11,969.88
INSURANCE (Health) Employer Contribution			5,091.42	16,971.40	22,062.82
INSURANCE (Disability) Employer Contribution			64.25	214.15	278.40
INSURANCE (Life) Employer Contribution			30.60	101.00	132.60
INSURANCE (Workers Comp) Employer Contribution			233.08	776.92	1,010.00
INSURANCE (Dental) Employer Contribution			220.74	735.80	956.54
TOTAL			21,800.52	72,668.60	94,469.12
BUDGET CATEGORY AND DESCRIPTION					
TRAVEL-IV-D Related Only					
TOTAL (Quarterly agreed and budgeted amounts)			21,800.52	72,668.60	94,469.12

OFFICE OF CHILD SUPPORT SERVICES  
FULTON COUNTY CLERK OF SUPERIOR COURT  
CONTRACT BUDGET SUMMARY

Fiscal Year July 1, 2024 through June 30, 2025

42700- 401 - 0000114722

Contract Number

PROPOSED EXPENDITURES:

ACCOUNT	1 <sup>ST</sup> QTR.	2 <sup>ND</sup> -4 <sup>TH</sup> QTRS.	TOTAL ANNUAL
Personal Services	21,800.52	72,668.60	94,469.12
Travel Expense			
TOTAL	21,800.52	72,668.60	94,469.12

COMMENTS:

Person Preparing Form: Lisa Hawkins

Telephone No: 404-613-9020

I certify that this is an accurate representation of the anticipated resources and expenditures of the above designated Judicial Circuit for the period indicated. I further certify that state and any county matching funds included herein shall be expended in accordance with applicable state, federal and local law and regulations.

Signed Lisa Hawkins

Date February 28, 2025

Title Deputy Director of Budget & Procurement

Forward all pages to:

OFFICE OF CHILD SUPPORT SERVICES  
ATTN: Contracts and Grants  
2910 Miller Road, Suite 200  
Decatur, GA 30035