AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: Help At Home, LLC

Contract No. 21RFQ000007A-CJ - In-Home Services

Address: **33 South State Street, Suite 500,** City, State **Chicago, IL 60603**

Telephone: (312) 795-4693

E-mail: blight@helpathome.com

Contact: Ben Light Transitional Georgia Market Leader

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with At Home Atlanta to provide in-home 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 At Home Atlanta for a total of \$68,100 to plan and coordinate the provision of homemaker, personal care and respite care for At Home Atlanta 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 24-0167.

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

This Amendment No. 2 to Form of Contract is effective as of the 1st day of March, 2024, between the County and At Home Atlanta, 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 homemaker services, personal care and respite care 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 reimbursable rate of \$27.00.

- 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.

[INTENTIONALLY LEFT BLANK]

FULTON COUNTY, GEORGIA

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

HELP AT HOME, LLC

DocuSigned by: Koburt (fitts Robert L. Pitts, Chairman Fulton County Board of Commissioners Please select Attest or ATTEST:	DocuSigned by: Bur Light Bert Light Transitional Georgia Market Leader Notary from checkbox x Attest Notary ATTEST:
DocuSigned by: Torrya K. Griur Torrya Red Grier Clerk to the Commission (Affix County Seal) APPROVED AS TO FORM:	Monica Wizgird Secretary/ Assistant Secretary (Affix Corporate Seal)
DocuSigned by: David Lowman Officeroffethic County Attorney	Notary Public
APPROVED AS TO CONTENT:	County:
Ladisa Onyiliogwn Ladisa Onyiliogwu, Director Department of Senior Services	_ Commission Expires: (Affix Notary Seal)
Please select RCS or RM RCS	from the checkbox X RM

ITEM#:	RCS:	ITEM#:24-0167	RM3/6/2024
RECESS MEETING		REGULAR MEETING	3



Insurance Certificate to be attached

	ER'	TIF	ICATE OF LIA	BILI		JRANC	E		MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	MAT IVEL' SURA	FER Y OF NCE	OF INFORMATION ONLY REGATIVELY AMEND, DOES NOT CONSTITUT	Y AND C EXTEN	CONFERS N D OR ALTE	IO RIGHTS I	UPON THE CERTIFICAT	TE HOL	POLICIES
IMPORTANT: If the certificate holder				nolicy(ie	s) must hav		IAL INSURED provision	s or he	endorsed
If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to th	ne te	rms and conditions of th	ne policy uch end	/, certain po orsement(s)	olicies may r			
PRODUCER	~			CONTAC NAME:	Charlita Ha				
Arthur J. Gallagher Risk Management 2850 Golf Rd	Serv	ices	, LLC	PHONE (A/C, No,	Ext): 630-694	4-5058	FAX (A/C, No):	630-28	5-4006
Rolling Meadows IL 60008				É-MAIL ADDRES	s: charlita_h	nart@ajg.com	1		
					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
					A: Greenwi	ch Insurance	Company		22322
INSURED HAH Holdings, LLC			HAHHOLD-01	INSURER	ав: XL Insur	ance America	a, Inc.		24554
33 S State Street, 5th Floor						e Specialty In			25445
Chicago, IL 60603							e Insurance Co		20079
						n Empire Sur	plus Lines Insurance Con	npany	35351
	TIFI	× + T		INSURER	R F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 151779385				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH		EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY T BEEN RE	CONTRACT HE POLICIES EDUCED BY	OR OTHER D	DOCUMENT WITH RESPE	ст то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
C X COMMERCIAL GENERAL LIABILITY	Y	N	HC7AACIPQU002		4/30/2023	4/30/2024	EACH OCCURRENCE	\$ 1,000	000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	000
							MED EXP (Any one person)	\$20,00)
							PERSONAL & ADV INJURY	\$ 1,000	000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000	
OTHER:								\$ 500,0	
	N	N	RAD9437931-05		9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000	000
ANY AUTO							BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE		
X HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$ 500,0	20
C X UMBRELLA LIAB X OCCUR	N	N	HC7AAB850C003		4/30/2023	4/20/2024	Retention	. ,	
			EN032637		4/30/2023	4/30/2024 4/30/2024	EACH OCCURRENCE	\$ 30,00	
	-		XS E841294		4/30/2023	4/30/2024	AGGREGATE SEE BELOW FOR	\$ 30,00	SS LAYERS
B WORKERS COMPENSATION		N	RWD3000925-08		9/1/2023	9/1/2024	V PER OTH-	3LACE	35 LATENS
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE					0, 1,2020	0/1/2021	STATUTE ER E.L. EACH ACCIDENT	\$ 1,000	000
OFFICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
A Non-Owned Auto - \$250k SIR C Professional Liab - \$500k Ded			RAE9437747-08		9/1/2023	9/1/2024	Limit	\$1,75	0,000
C Professional Liab - \$500k Ded			HC7AACIPQU002		4/30/2023	4/30/2024	Occurrence Aggregate	\$1,00 \$3,00	0,000 0,000
Description of operations / Locations / VeHic Additional Named Insureds: HAH Holdings Company LLC, Help at Home of Delaware, Preferred Nurse Registry of Florida, LLC, A Services, LLC, Adaptive Nursing and Healt Help at Home, LLC, Help at Home of Michi Midway Inc., RiteChoice Healthcare Servic Home Healthcare Authority, Inc., RC Famil See Attached	LLĊ LLC, nswe hcare gan, l es. Ll	, Car NAE r Car Ser LC, LC, A	e Coordination Holdco LLC Edison LLC, Assistcare H re LLC, Community Care S vices, LLC, Excel Compani Universal Medical Staffing, + Quality Home Health Car	C, Care C lome Hea Systems, ion Care, , LLC, H re Inc., F	Coordination alth Services LLC, Statew LLC, Altrus AH of Ohio L Preferred Hoi	LLC, HAH Int , LLC, Prefer ide Healthcar LLC, Coasta LC, OS HHC me Care of Fl	ermediate LLC, HAH Gro red Nurse Registry Holdir re Services, LLC, Adaptiv I Home Care LLC, Inc., E3 Care Givers, LL0	ngs, LLC e Comp	;, ^o anion Care
CERTIFICATE HOLDER				CANC	ELLATION				
Fulton County Governmen 1740 S Glenstone Ave Ste 130 Peachtree St SW Ste	S	1		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
Atlanta GA 30303-3459 USA				AUTHOR	ized represei				
i				-	© 19	88-2015 AC	ORD CORPORATION.	All righ	ts reserved.

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: HAHHOLD-01

1

LOC #:

ACORD	ADDITIONAL REM		Page <u>1</u> of
AGENCY Arthur J. Gallagher Risk Management Se	ervices, LLC	NAMED INSURED HAH Holdings, LLC 33 S State Street. 5th Floor	
POLICY NUMBER		Chicago, IL 60603	

CARRIER	NAIC CODE									
		EFFECTIVE DATE:								
ADDITIONAL REMARKS	ADDITIONAL REMARKS									
	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: FORM TITLE: CERTIFICATE OF	ELIABILITY IN	SURANCE								
EXCESS LIABILITY - LAYER 1 - 10Mx10M										
04/30/2023 - 04/30/2024 XS E841294										
American Empire Surplus Lines Insurance Company										
\$10,000,000 Each Occurrence \$10,000,000 Aggregate Limit										
EXCESS LIABILITY - LAYER 2 - 10Mx20M 04/30/2023 - 04/30/2024										
EN032637										
National Fire & Marine Insurance Company, as administered by a \$10,000,000 Each Occurrence	MedPro Group	company Omaha, Nebraska								
\$10,000,000 Aggregate Limit										
Contract #: 18ŘFP08062018A-FBFulton County GovernmentSenio to general liability coverage as evidenced herein as required by wri	r InHome Serv	vices / RFP # 18RFP08062018AFBis included as additional insured with respect								

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: At Home Atlanta, LLC

Contract No. 21RFQ000007A-CJ - In-Home Services

Address:6067 Windsong WayCity, StateStone Mountain, GA 30087

Telephone: (248) 467-6676

E-mail: dford1957@yahoo.com

Contact: Darryl Ford President

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with Help At Home Atlanta, LLC to provide in-home 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 Help At Home Atlanta, LLC for a total of \$45,400 to plan and coordinate the provision of homemaker, personal care and respite care for Help At Home Atlanta, LLC 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 24-0167.

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

This Amendment No. 2 to Form of Contract is effective as of the 1st day of March, 2024, between the County and Help At Home Atlanta, LLC, 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 homemaker services, personal care and respite care 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 reimbursable rate of \$27.00.

- 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.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA

AT HOME ATLANTA, LLC

RECESS MEETING	REGULAR MEETING
ITEM#: RCS:	ITEM#: 24-0167 RM: 3/6/2024
RCS	X RM
Please select RCS or RM	1 from the checkbox
	Clayton County ssion Expires Ju
Department of Senior Services	(Affix Notary Seal) RAMELIA BEELEF
Ladisa®Onyiliogwu, Director	Commission Expires: August
DocuSigned by: Ladisa Onyiliogwu	Commission Evoiroor August
APPROVED AS TO CONTENT:	County: ^{Deкalb}
— @fffি&ভ®®the County Attorney	Notary Public
David Lowman	Katrina Lett
DocuSigned by:	
APPROVED AS TO FORM:	ATTEST:
(Affix County Seal)	(Affix Corporate Seal)
Clerk to the Commission cuSigned by:	Assistant Secretary
TōħŸ≌⁴₽™ Grier	Secretary/
DocuSigned by: Towya K. Griur	
ATTEST: Please select Attest or	Notary Another Ckbox Attest X Notary
Fulton County Board of Commissioners	President
Robert L. Pitts, Chairman	Darryl Ford,
Robert L. Pitts	Den' - f
DocuSigned by:	DocuSigned by:



DocuSign Envelope ID: F4F58D84-421B-4536-84AF-B54B2F330112



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			NAME: Automatic Data Processing Insurance Agency, Inc.				
Automatic Da	ta Processing Insurance Agency, Inc.		PHONE 1-800-524-7024 FAX (A/C, No):				
			E-MAIL ADDRESS:				
1 Adp Boulev	ard		INSURER(S) AFFORDING COVERAGE	NAIC #			
Roseland		NJ 07068	INSURER A : NorGUARD Insurance Company	31470			
INSURED	At Home Atlanta, LLC		INSURER B :				
			INSURER C :				
	6067 Windsong Way		INSURER D :				
			INSURER E :				
	Stone Mountain	GA 30087	INSURER F :				
COVERAGE	S CERTIFICATE NUM	BER: 3431667	REVISION NUMBER:				
THIS IS TO	CERTIEV THAT THE POLICIES OF INSURANCE	LISTED BELOW H	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR	THE POLICY PERIOD			
1 1113 13 10	CERTIFI THAT THE FOLIOIED OF MOOTONIOE	LIGILD DELOTI IN	THE POLY AND AN AND AND AND AND AND AND AND AND	ECT TO WHICH THIS			

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
LTR	COMMERCIAL GENERAL LIABILITY	INSD V	WVD	POLICI NUMBER	(11110001111)		EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
			- 1				MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
								\$
	OTHER: AUTOMOBILE LIABILITY		-				COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO	1 1					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	AUTOS ONLY AUTOS HIRED NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONLY AUTOS ONLY							\$
		+					EACH OCCURRENCE	\$
	UMBRELLA LIAB OCCUR						AGGREGATE	\$
	EXCESS LIAB CLAIMS-MADE							

	EACE		CLAIMS-MADE	1					s
	DED	RETENTI	ON \$					Y PER OTH- STATUTE ER	-
	AND EMPL	COMPENSATION OYERS' LIABILIT RIETOR/PARTNER	Y Y/N		N ATWC439513	09/07/2023	09/07/2024	E.L. EACH ACCIDENT	\$ 100,000
А	OFFICER/M	IEMBER EXCLUD	ED?	N/A	N ATWC439513	00/01/2020		E.L. DISEASE - EA EMPLOYE	\$ 100,000
	(Mandatory If yes, descr	ribe under						E.L. DISEASE - POLICY LIMIT	500 000
-	DÉSCRIPTI	ION OF OPERATI	IONS below						
								(rad)	
DES	CRIPTION O	F OPERATIONS /	LOCATIONS / VEHIC	LES (AC	ORD 101, Additional Remarks Schedu	ule, may be attached if mo	re space is requi	ired)	
05	DTIELCAT					CANCELLATION			
CE	RTIFICA	TE HOLDER							ANNOTH FD REFORE
						SHOULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE	RE DELIVERED IN
		Drivoto Hom	e Care Provider	Georai	a Department of Community	THE EXPIRATIO	ON DATE TH	HEREOF, NOTICE WILL	BE DELIVERED IN
		Health Health	thcare Facility Re	gulatio	n Division	ACCORDANCE W	TH THE POLI	CT PROVISIONS.	
		2 Peachtree	st NW. 31-424			AUTHORIZED REPRESI	ENTATIVE		
		Atlanta			GA 30303	Many)4)um			
		Atlanta							
						4		CORD CORPORATION	All rights record

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ACORD 25 (2016/03)

		ATE OF LIA					DATE (MM/DD	24
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY OR URANCE	DOES NOT CONSTITUT	EXTEN	ONTRACT E	BETWEEN T	HE ISSUING INSURER	R(S), AUTHOR	RIZED
IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endors	s an ADD certain p	DITIONAL INSURED, the olicies may require an er	policy(ndorser	es) must be nent. A stat	endorsed. ement on thi	If SUBROGATION IS V is certificate does not	Confer rights	to the
PRODUCER	emenda		CONTAC	T		1.000		
Foster & Witmer Inc 3100 Breckinridge Blvd, Ste 510			PHONE (A/C, No	Ext: 770-7	17-7380	FAX (A/C, No)	770-717-7	482
Duluth, Georgia 30096			E-MAIL	\$5:				
-				INS	URER(S) AFFOR	DING COVERAGE	N	AIC#
			INSURE	RA: Weste	rn World	I Insurance Co		
At Home Atlanta LLC			INSURE					
6067 Windsong Way			INSURE					
Stone Mountain, GA 30087			INSURE					
			INSURE					
COVERAGES CER	TIFICAT	E NUMBER:				REVISION NUMBER:		EDIOD
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU	RANCE LISTED BELOW HA	ED BY	THE POLICIE	S DESCRIBED	HEREIN IS SUBJECT	ECT TO WHICH	THIS ERMS,
INSR TYPE OF INSURANCE	ADOL SUBP	8		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM		
GENERAL LIABILITY	INSR WVU					EACH OCCURRENCE	s 1,	,000,000
COMMERCIAL GENERAL LIABILITY						PREMISES (En occurrence)	\$	100,000 5,000
CLAIMS-MADE V OCCUR		NPP8986090		08/17/23	08/17/24	MED EXP (Any one person)	s c 1	,000,000
						PERSONAL & ADV INJURY	*	,000,000
						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		Included
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1					Professional	s 1,	,000,000
POLICY PRO- JECT LOC	++-					COMBINED SINGLE LIMIT (Ea accident)	\$	
AUTOMOBILE LIABILITY						BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$	
AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	6	
DED RETENTION \$	+					WC STATU- OTH	+	
AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. DISEASE - EA EMPLOYE	E S	
(Mandatory In NH) If yea, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Descrar non or or crothono baon								
							-	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH Home Heatth Care Agency	CLES (Attac	h ACORD 101, Additional Remark	s Schedul	e, if more space i	s required)			
			CAN	CELLATION				
CERTIFICATE HOLDER Private Care Home Provider			T					
Georgia Dept of Commintiy Health Health Care Facility Regulation D	n ivision		TH	E EXPIRATIO	N DATE TH	EREOF, NOTICE WILL CY PROVISIONS.	BE DELIVER	EFORE ED IN
2 Peachtree St NW 31-424 Atlanta GA 30303 sharonda.fulton@dbhdd@ga.gov			AUTH	DRIZED REPRES	ucey	, Will	ians	٥
1				© 1	988-2010 AC	ORD CORPORATION.	All rights re	served.

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AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: Southern Home Care Services, Inc. dba All Ways Caring Homecare

Contract No. 21RFQ000007A-CJ – In-Home Services

- Address:2296 Henderson Mill Road Suite 202City, StateAtlanta, GA 30345
- Telephone: (478) 951-5852
- E-mail: spemberton@brightspringhealth.com
- Contact: Sherry Pemberton, VP of Contracts

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with All Ways Caring Homecare to provide in-home 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 All Ways Caring Homecare for a total of \$68,100 to plan and coordinate the provision of homemaker, personal care and respite care for All Ways Caring Homecare 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 24-0167.

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

This Amendment No. 2 to Form of Contract is effective as of the 1st day of March, 2024, between the County and All Ways Caring Homecare, 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 homemaker services, personal care and respite care 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 reimbursable rate of \$27.00.
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- 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.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA	SOUTHERN HOME CARE SERVICES, INC.
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Sherry Pemberton
Robert Patter Chairman	Streeped Petron,
Fulton County Board of Commissioners	VP of Contracts
Please select Attest or Notary fro	m checkbox
ATTEST	xANDEBJ:
DocuSigned by:	
Tonya R. Grier	
Tonya Red Grier	Secretary/
Clerk to the ComprissioPpcuSigned by:	Assistant Secretary
SO COMMENT	
(Affix County Seal) 🕚 🔛	(Affix Corporate Seal)
APPROVED AS TO FORM:	ATTEST:
DocuSigned by:	
David Lowman	Heather Wilson
Office of the County Attorney	Notary Public
APPROVED AS TO CONTENT:	County:
DocuSigned by:	
Ladisa Onyiliogwu	Commission Expires: 7/29/2027
®adisa^Onyiliogwu, Director	DocuSigned by:
Department of Senior Services	(Affix Notary Seal)
	A Constantion of the constant
Please select RCS or RM from the o	checkbox
PCS	RM
RCS	X
	2 (2 (2 2 2)

ITEM#:	RCS:	ITEM#: 24-0167	RM: ^{3/6/2024}
RECESS MEETING	3	REGULAR MEETING	3



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11 adel phia PA office [AC: Ko, Ext): (800) 483-0.005 0 North 13th Street [AC: Ko, Ext): (800) 483-0.005 11 adel phia PA 19103 USA INSURER(S) AFFORDING COVERAGE NAC # URED INSURER A: Lloyd'S Syndicate No. 2623 AA1128623 1 ways Caring Homecare Sonth whitington Parkway STE 400 INSURER B: ACE American Insurance Company 22667 NSURER B: ACE Property & Casual ty Insurance Co. 2009 INSURER E: INSURER E: INSURER E: NOCATE: INSURE R: ACE Property & Casual ty Insurance Co. 20099 INSURE F: INSURE F: INSURE R: INSURE R: INSURE R: INSURE R: INSURE R: INSURE R: CERTIFICATE NUMBER: 570100545969 REVISION NUMBER: Institution of ANY CONTRACT OR OTHER POLICY PERIOD DICATE: NOCATE: NOCATE: INSURE R: Institution of ANY CONTRACT OR OTHER POLICY PERIOD ACOUNTINESTANDING ANY FEQURATION: NOCATE: State NOW NAY ANDE BEEN REDUCED BY PAID CLANS. Institution of ANY CONTRACT OR OTHER POLICY PERIOD X: COMMENDAGE GREWAL LUBALITY XSLG4731179 (07/01/2023) 07/01/2023) 07/01/2024 Institution of ANY CONTRACT OR OTHER POLICY PERIOD X: COMMENDAGE GREWAL LUBALITY ISA H10707249 07/01/2023)	delphia PA Office orth 18th Street Floor	PHONE (a)			
ADDRESS: ADDRESS: Inder[phia] PA 19103 USA	Floor	(A/C. No. Ext): (80	66) 283-7122	FAX (A/C. No.): (800)	363-0105
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ACORD 25 (2016/03)

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		AGENCY CUSTOMER ID: 570000032784 LOC #:	
ACORD [®] ADDITIONA	AL REM		e _ of _
AGENCY Aon Risk Services Central, Inc.		NAMED INSURED All Ways Caring HomeCare	
POLICY NUMBER See Certificate Number: 570100545969			
CARRIER See Certificate Number: 570100545969	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS		·	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE FORM NUMBER: ACORD 25 FORM TITLE: Certif			
		Coverages-	
Workers' Compensation Policies - 7/1/2023 - WLR C70311963 (All Other States) - Indemnit WLR C70311926 (CA, MA) - ACE American Insu SCF C70312001 (WI) - ACE Fire Underwriters Cov. A - Statutory Cov. B - \$2,000,000 Each Accident / \$2,000	ty Insurance rance Co., N Insurance C	NAIC #22667:	
Ohio/Washington Excess Workers' Compensation Pol # WCU C70311847- ACE American Insurance Cov. A - Statutory Cov. B - \$2,000,000 Each Accident / \$2,000 Retention: \$1,100,000		c #22667; mployee (Disease) / \$2,000,000 Annual Aggregat	e