

# FULTON COUNTY GOVERNMENT

## CONTRACT RENEWAL



**DEPARTMENT:** Behavioral Health and Developmental Disabilities

**BID/RFP# DESCRIPTION:** Behavioral Health Service Delivery Model

**BID/RFP# NUMBER:** 17RFP112103A-CJC

**ORIGINAL APPROVAL DATE:** April 20, 2016, BOC Item # 16-0217; August 2, 2017, BOC Item # 17-0629; 10/17/18, BOC Item# 18-0743, 10/17/18; BOC Item# 19-0487, 6/19/19; BOC Item# 19-1118, 12/18/19; BOC Item# 20-0418, 6/17/20; BOC Item# 20-0882, 12/2/20

**RENEWAL PERIOD: FROM:** January 1, 2022 **TO:** December 31, 2022

**RENEWAL OPTION #** 4 of 4

**NUMBER OF RENEWAL OPTIONS:** 4

**RENEWAL AMOUNT:** \$ 6,371,564

**COMPANY'S NAME:** River Edge Behavioral Health

**ADDRESS:** 175 Emery Hwy

**CITY:** Macon

**STATE:** Georgia

**ZIP:** 31217

**SIGNATURES: SEE NEXT PAGE**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# 17RFP112103A-CJC** (Person signing must have signature authority for the company/corporation)

**NAME:** \_\_\_\_\_ **(Print)**

**(CEO, President, Vice President)**

**VENDOR'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_ **NOTARY PUBLIC:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**SEAL (Affix)** **MY COMMISSION EXPIRES:** \_\_\_\_\_

**FULTON COUNTY, GEORGIA**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**ROBERT L. PITTS, CHAIRMAN  
BOARD OF COMMISSIONERS**

**ATTEST:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**TONYA R. GRIER  
CLERK TO THE COMMISSION  
SEAL (Affix)**

**MY COMMISSION EXPIRES:** \_\_\_\_\_

**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED  
BID/RFP:**

**DEPARTMENT HEAD:** LaTrina Foster, LPC (Print)

**DEPARTMENT HEAD SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>ITEM#:</b> _____ <b>RCS:</b> _____ <b>RECESS MEETING</b>	<b>ITEM#:</b> _____ <b>RM:</b> _____ <b>REGULAR MEETING</b>
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