



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: SHERIFF

BID/RFP# NUMBER: 17RFP07012016B-BR

BID/RFP# TITLE: INMATE MEDICAL SERVICES

ORIGINAL APPROVAL DATE: 11/15/2017

RENEWAL EFFECTIVE DATES: January 1, 2026 to December 31, 2026

RENEWAL OPTION #: 8 OF 9

NUMBER OF RENEWAL OPTIONS: 1

RENEWAL AMOUNT: \$45,121,149.72

COMPANY'S NAME: NAME: NaphCare of Fulton County, LLC

ADDRESS: 2090 Columbiana Road, Suite 4000

CITY: Birmingham

STATE: Alabama

ZIP: 35126

This Renewal Agreement No. 8 was approved by the Fulton County Board of Commissioners on **BOC DATE:** _____ **NUMBER:** _____.

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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

**NAPHCARE OF FULTON COUNTY,
LLC.**

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

**Bradford T. McLane
Chief Executive Officer**

ATTEST:

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

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

**Patrick "Pat" Labat, Sheriff
Fulton County Sheriff's Office**

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: _____ 2ND RM: _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE