CONTRACT AMENDMENT

The Department of Behavioral Health and Developmental Disabilities contract identified below is amended as indicated within this contract amendment. The effective date of this amendment is **August 1, 2025**.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Department of Behavioral Health and Developmental Disabilities
Contractor's Legal Name:	Fulton County Department of Behavioral Health and Developmental Disabilities
Address:	99 Jesse Hl Jr Dr SE Atlanta, GA 30303
Contract Number:	44100-026-CMA00004549
Unique Entity ID:	J3Y1XYZYUFQ5
Service:	BHCC
Initial Contract Start Date:	February 1, 2024
Existing Contract Term:	February 1, 2025 – January 31, 2026
Amendment Number:	3

WHEREAS, the Contract is in effect through the Existing Contract Term as defined above; and

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

1. **DEPARTMENT PAYMENT TO CONTRACTOR (PARA 301)**: The parties hereby agree that **$4,710,331.00** of additional funding is being obligated to the contract.

   The Department will make payments to the Contractor based upon reimbursement for actual expenses incurred which are within the approved budget. Total contract reimbursement for expenses shall not exceed **$14,191,863.00.**

2. **SUCCESSORS AND ASSIGNS**. This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.

3. **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.

4. All other terms and conditions remain the same.

DBHDD Contract **Annex B** is **DELETED** and **REPLACED** by the attached **Annex B**, dated **August 1, 2025**.

SIGNATURES TO CONTRACT BETWEEN

THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

AND

FULTON COUNTY DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR:

Authorized Signature:	
Printed Name:	Robert L Pitts
Title:	Chairman
Date:	

STATE ENTITY

Commissioner or Authorized Signature:	
Date:	

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SECOND REGULAR MEETING

ANNEX B
Effective: August 1, 2025

CONTRACT BUDGET AND MONTHLY CUMULATIVE CONTRACT EXPENDITURE REPORT

Contractor: Fulton County Department Of Behavioral Health And Developmental Disabilities

Contractor Number: 44100-026-CMA00004549 **Contractor's Expenditure/Account #:** _____

Electronic Funds Transfer? **Yes** ☐ (Must have completed authorization for EFT on file.) **No** ☐

Remit Checks or Remittance Advice to:

Name: _____ Address: _____

Attn: _____ City/State/Zip: _____

Type Expense	Approved Budget	Prior Cumulative Contract Expenditures	MONTH of _____ Expenditures for Reimbursement	Balance of Funds
A. Personnel Services	$ 11,842,975.00	$ 0.00	$ 0.00	$ 0.00
B. Regular Operating	$ 1,252,093.00	$ 0.00	$ 0.00	$ 0.00
C. Facility Costs	$ 1,096,795.00	$ 0.00	$ 0.00	$ 0.00
TOTAL	$ 14,191,863.00	$ 0.00	$ 0.00	$ 0.00

I, the undersigned, certify that the expenditures reported have been made for program accomplishments within the approved budgeted items:

Prepared by:

Contractor Signature

CHAIRMAN ROBERT L. PITTS

Typed Name and Title

9/23/2025

Date

404.612-8200

Phone

Approval for Payment:

Signature of DBHDD Approving Authority

Typed Name and Title

Date Approved

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SECOND REGULAR MEETING