



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Sheriff's Office

BID/RFP# NUMBER: 17RFP07012016B-BR

BID/RFP# TITLE: Inmate Medical Services

ORIGINAL APPROVAL DATE: November 15, 2017

RENEWAL EFFECTIVE DATES: January 1, 2025 to December 31, 2025

RENEWAL OPTION #: 7 OF 9

NUMBER OF RENEWAL OPTIONS: 9

RENEWAL AMOUNT: \$41,143,457.16

COMPANY'S NAME: NaphCare of Fulton County, LLC

ADDRESS: 2090 Columbiana Road Suite 4000

CITY: Birmingham

STATE: AL

ZIP: 35126

This Renewal Agreement No. 7 was approved by the Fulton County Board of Commissioners on [Insert approval date and Item Number].

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. 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**

**James S. McLane
Chairman of the Board**

ATTEST:

ATTEST:

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

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

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

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

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