



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Behavioral Health and Developmental Disabilities

**BID/RFP# NUMBER:** 22RFP038A-CJC(E)

**BID/RFP# TITLE:** Fulton County Behavioral Health Network

**ORIGINAL APPROVAL DATE:** November 2, 2022

**RENEWAL EFFECTIVE DATES:** January 1, 2024 – December 31, 2024

**RENEWAL OPTION #: 1 OF 9**

**NUMBER OF RENEWAL OPTIONS:** 9

**RENEWAL AMOUNT:** \$800,000.00

**COMPANY'S NAME:** Health Connect America (HCA) d/b/a Georgia Hope

**ADDRESS:** 508 Autumn Springs Ct, Unit A

**CITY:** Franklin

**STATE:** TN

**ZIP:** 37067

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

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

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**

**HEALTH CONNECT AMERICA (HCA)  
D/B/A GEORGIA HOPE**

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

\_\_\_\_\_  
**Nikki Raymond  
Chief Executive Officer**

**ATTEST:**

**ATTEST:**

\_\_\_\_\_  
**Tonya R. Grier  
Interim Clerk to the Commission**

\_\_\_\_\_  
**Secretary/  
Assistant Secretary**

**(Affix County Seal)**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

\_\_\_\_\_  
**LaTrina Foster, Director  
Department of Behavioral Health &  
Developmental Disabilities**

\_\_\_\_\_  
**Notary Public**

**County:**\_\_\_\_\_

**Commission Expires:** \_\_\_\_\_

**(Affix Notary Seal)**

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