DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Senior Services

BID/RFP NUMBER: 23RFQ138337A-CJC

BID/RFP TITLE: Cosmetology and Aesthetic Services for Seniors

ORIGINAL APPROVAL DATE: January 1, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: Zero Renewal Options Remain

RENEWAL AMOUNT: This is a Revenue Neutral Contract. There is no cost to the County and the County provides no revenue to the Stylist. The Stylist is paid directly by the Seniors receiving services.

COMPANY'S NAME:Katylady Building Maintenance Services

ADDRESS: P.O. Box 361047

CITY: Decatur

STATE: GA

ZIP: 30036

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

CERTIFICATE OF INSURANCE: The Contractor 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 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	**Katylady Building Maintenance Services**
Robert L. Pitts, Chairman **Fulton County Board of Commissioners**	**Glenda Anderson** **Contractor**
ATTEST:	**ATTEST:**
Tonya R. Grier **Clerk to the Commission**	
(Affix County Seal)	
AUTHORIZATION OF RENEWAL:	
[Insert Department Head Name & Title] **Senior Services**	

ITEM#:_____ RM:_____	**ITEM#:_____2nd RM:_____**
REGULAR MEETING	**SECOND REGULAR MEETING**

CERTIFICATE OF INSURANCE