



STATEMENT OF WORK

Customer Name:	Fulton County Department of Behavioral Health and Developmental Disabilities
Contact Name:	Ladisa Onyiliogwu
Address:	141 Pryor Street, Suite 1031, Atlanta, GA 30303
Phone Number:	(404) 612-1665
Email Address:	Ladisa.onyiliogwu@fultoncountyga.gov
Effective Date:	{{ es_signer3_date }}

This Statement of Work is subject to the terms, conditions and obligations of the current Software License and Master Services Agreement between Qualifacts Systems, LLC f/k/a Qualifacts Systems, Inc. and Customer (collectively, the Parties).

1. The Parties agree that the work set forth in this SOW will be performed on a Time & Materials basis @ \$185.00 per hour.
2. Any work requested outside of this SOW will require a new SOW or a Service Change Form and will be charged at Vendor's then current standard rate unless otherwise specified therein.

The Parties have executed this Statement of Work as of the Effective Date set forth above.

Customer Name:	Fulton County Department of Behavioral Health and Developmental Disabilities
Intacct ID:	FULCO
Project Contact Name:	Erica Flack
Project Contact Email:	erica.flack@fultoncountyga.gov
Authorized Signer Name:	Ladisa Onyiliogwu
Authorized Signer Email:	Ladisa.onyiliogwu@fultoncountyga.gov
Project Description:	Software Upgrade to include the Fulton County Department of Senior Services
Product:	Customer Success
Date Requested:	May 25, 2022
Soffront Ticket #:	
Jira Ticket #	

Deliverable/Report Name
Software Upgrade to include the Fulton County Department of Senior Services

Description/Deliverable
Included in the scope of effort: • Org/Program/Activity/Procedure Codes/Fees/APMs/Payer Plan Fee Matrices- QSI Review of agency setup • Service document review and build outs • GL changes- Review agency setup • Treatment Plan setup • Other Clinical Workflows • Other CareLogic modules/functionality if necessary (eMAR, etc.) • Other employee/staff updates • Privileging / Menu Management • Post go-live support • Client data conversion • Training- SME/Super User This process follows the original implementation process for your other Fulton County program with limited assistance needed from CareLogic and will require your teams' participation (project manager, subject matter experts – clinical and billing, system administrator, trainer).

#	Product	Unit	Hours	T & M Per Hour Cost	Total Price
1.	Customer Success	Per Statement of Work	55.00	\$185.00	\$10,175.00
Total One-Time Charges:					\$10,175.00

*Invoicing for this SOW will be within 5 business days of the Effective Date and with terms of Net30.



*All one-time costs are estimates based on the initial project scoping. Final one-time costs will be determined based on the actual hours needed to complete the specific project and any additional hours over the projected hours listed above will be invoiced upon delivery of the specific deliverable listed in this SOW. Any partial hours will be rounded up and billed for one (1) full hour.

NOTE: ANY CUSTOMER CHANGE TO PROJECT SCOPE MAY ADD TO THE COST OF THIS PROJECT.

If an onsite trip is required, expenses will be paid as incurred and will include reasonable/typical flight, hotel, airport parking, any tolls, rental car, gas, and per diem for meals. All expenses are billed after incurred. Customer will provide all training materials (including training rooms, computers, and projectors).



SERVICE CHANGE FORM

Customer Name:	Fulton County Department of Behavioral Health and Developmental Disabilities
Contact Name:	Ladisa Onyiliogwu
Address:	141 Pryor Street, Suite 1031, Atlanta, GA 30303
Phone Number:	(404) 612-1665
Email Address:	Ladisa.onyiliogwu@fultoncountyga.gov
Effective Date:	{{_es_signer3_date}}
Platform:	CareLogic

The Software License and Master Services Agreement ("Agreement") between Qualifacts Systems, LLC f/k/a Qualifacts Systems, Inc. ("Qualifacts") and the Customer identified above ("Customer"), as the same may have been modified prior to the date hereof, is hereby amended and modified as set forth below. All terms and conditions of the Agreement not expressly modified by, or in conflict with, this Service Change Form ("SCF") shall remain in full force and effect. Any capitalized terms used herein and not defined shall have the meanings given them in the Agreement.

The original or copies, including facsimile transmissions, of this SCF may be executed in counterparts, each of which shall be an original against any party whose signature appears on such counterpart and all of which together shall constitute one and the same agreement. Authorized representatives of the parties have executed this SCF, effective upon the last date below ("SCF Effective Date").

MODIFICATION IN CUSTOMER'S MONTHLY RECURRING CHARGES

EFFECTIVE **{{_ES_SIGNER3_DATE}}**, THE FOLLOWING MONTHLY RECURRING CHARGES HAVE BEEN DELETED FROM CUSTOMER'S BUSINESS SERVICES AGREEMENT. ALL OTHER MONTHLY RECURRING CHARGES AND SERVICE REMAINS UNCHANGED.

Product	Term Start Date	Term End Date	Unit	Quantity	Sales Price	Total Price
CareLogic Core Software - Concurrent	10/1/2022	3/31/2023	Per Concurrent User	25	\$194.03	\$4,850.75
Total Monthly Charges:						\$4,850.75

MODIFICATION IN CUSTOMER'S MONTHLY RECURRING CHARGES

EFFECTIVE **{{_ES_SIGNER3_DATE}}** THE FOLLOWING MONTHLY RECURRING CHARGES HAVE BEEN ADDED TO CUSTOMER'S AGREEMENT:

Product	Term Start Date	Term End Date	Unit	Quantity	Sales Price	Total Price
CareLogic Core Software - Concurrent	10/1/2022	3/31/2023	Per Concurrent User	43	\$194.03	\$8,343.29
Total Monthly Charges						\$8,343.29

Quantities included herein are contractual minimums regardless of actual usage. If actual usage exceeds contracted amounts in a given month, Customer will be invoiced for the actual peak number of Users/Prescribers for that month. Invoicing will begin upon effective date and will be reflected on the next invoicing cycle if not otherwise noted in the product language.

This SCF may be executed and delivered by electronic means in separate counterparts, including electronic mail PDF counterparts, each of which shall constitute an original, and all such counterparts shall constitute one and the same instrument.



The parties, through their undersigned authorized representatives, have entered into this SCF as of the Effective Date set forth above.

**FULTON COUNTY DEPARTMENT OF
BEHAVIORAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

By: {{_es_signer3_signature}}

Print: {{_es_signer3_fullname}}

Title: {{_es_signer3_title}}

Date: {{_es_signer3_date}}

QUALIFACTS SYSTEMS, LLC

By: {{_es_signer2_signature}}

Print: {{_es_signer2_fullname}}

Title: {{_es_signer2_title}}

Date: {{_es_signer2_date}}