*DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE*

# CONTRACT RENEWAL AGREEMENT

**DEPARTMENT: Superior Court Administration**

**BID/RFP# NUMBER: 25RFP1386059A-BKJ**

**BID/RFP# TITLE: Drug Testing**

**ORIGINAL APPROVAL DATE: August 20, 2025**

**RENEWAL EFFECTIVE DATES: July 1, 2026 - June 30, 2027**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2**

**RENEWAL AMOUNT: $350,000.00**

**COMPANY'S NAME: Technical Resource Management, LLC dba Cordant Health Solutions**

**ADDRESS: 5604 Fortune Circle South Drive, Suite N**

**CITY: Indianapolis**

**STATE: IN**

**ZIP: 46241**

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: _____ BOC NUMBER: _____.

**RENEWAL OF CERTIFICATE OF INSURANCE:** The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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** | **TECHNICAL RESOURCE MANAGEMENT, LLC DBA CORDANT HEALTH SOLUTIONS** |
| **Robert L. Pitts, Chairman**<br>**Fulton County Board of Commissioners** | **Hank Hathaway**<br>**Chief Revenue Officer** |

**ATTEST:**

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

**(Affix County Seal)**

**AUTHORIZATION OF RENEWAL:**

**David Summerlin**
**Superior Court of Fulton County**

| | |
|---|---|
| **ITEM#: _____ RM: _____** | **ITEM#: _____ 2ND RM: _____** |
| **REGULAR MEETING** | **SECOND REGULAR MEETING** |

# CERTIFICATE OF INSURANCE