AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: Trusted Hands Senior Care, LLC

Contract No. 21RFQ000007A-CJC – In Home Services

Address: 600 Houze Way, Suite D5
City, State Roswell, GA 30076

Telephone: (470) 541-2100

E-mail: info@trustedhandscare.com

Contact: Monique Collins
President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Trusted Hands Senior Care, LLC to provide in-home services, dated August 4, 2021, on behalf of the Department of Senior Services; and

WHEREAS, the County wishes to amend the existing contract to increase the spending authority in the amount of $19,076.00 in order to continue to provide In Home Services; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and,

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on 11/02/2022, Item# 22-0828

NOW, THEREFORE, for and in consideration of the mutual covenants contained herein, and for other good and valuable consideration, County and Contractor agree as follows:

1. **SCOPE OF WORK TO BE PERFORMED:** The Contractor shall provide through the Department of Senior Services, homemaker, personal care, and respite services in the home of the service recipients, and in compliance with the State of Georgia Department of Human Services (DHS) service Requirements.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed $19,076.00 (Nineteen Thousand Seventy-Six Dollars and Zero Cents).

3. **LIABILITY OF COUNTY:** This Amendment no. 1 Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

Ladisa Onyiliogwu, Director
Department of Senior Services

CONSULTANT:

TRUSTED HANDS SENIOR CARE, LLC

Monique Collins
President

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#:_____ **RCS:**_____ **RECESS MEETING**	**ITEM#:**_____ **RM:**_____ **REGULAR MEETING**