

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Visiting Nurses Health Systems**

Contract No. **18RFP11228A-FB – Aging Services**

Address: **5775 Glenridge Drive, 3rd Floor, Ste E200**

City, State **Atlanta, Georgia 30328**

Telephone: **404-215-6000**

E-mail: Dorothy.davis@VHNS.org

Contact: **Dorothy Davis**
Executive Director

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Visiting Nurses Health Systems** to provide/perform **Aging Services**, dated November 17, 2021, on behalf of the Department of Senior Services; and;

WHEREAS, this Amendment No. 2 is to revise the existing contract to change the deadline for the submission of invoices from the 6th (sixth) calendar day of the month following the invoice month to the 15th (fifteenth) calendar day of the month following the invoice month; 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 June 1, 2022, Agenda Item #22-_____.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 2 to Form of Contract is effective as of the _____ day of _____, 2022, between Fulton County and Visiting Nurses Health System, who agree that all services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** The following change:

3.1 PROJECT DELIVERABLES

The following are deliverables for this project with performance requirements. Please refer to Section 3.3.6 Performance Measures for Consequences of Non-Compliance.

Agency-wide Reporting

Deliverable	Performance Requirement
Enter Service Deliveries into Wellsky	Monthly, by the 5 th calendar of the month following the service delivery
Submit Monthly Report	By the 6 th calendar day of the month following the report month
Submit Invoice	By the 15th calendar day of the month following the invoice month

2. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of 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.
3. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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
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:

**VISITING NURSES HEALTH
SYSTEMS**

Dorothy Davis, Executive Director

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

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