Georgia Department of Public Health
Amendment #3

Solicitation Title	Solicitation Number	Contract Number
Exempt – Intergovernmental	**N/A**	**40500-042-23234455**

1. This Contract Amendment is entered into between the Georgia Department of Public Health and the Contractor named below:

DeKalb County Government (hereafter called "Contractor")

2. Current Contract Renewal Begin Date: **10/01/2025**

Contract End Date: **09/30/2026**

Amendment Effective Date: 10/01/2025

3. Current Amount of this Contract:	Amendment Amount:	Amended Total Contract Amount:	Total Amount for Next Renewal Period:
$877,856.00	**$0**	**$877,856.00**	**$877,856.00**

IN WITNESS WHEREOF, this Contract Amendment has been executed by the parties hereto.

4. Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*

DeKalb County Government (hereafter called "Contractor")

By *(Authorized Signature, if required)*	Date Signed
Lorraine Cochran-Johnson	9/29/2025
Printed Name: Lorraine Cochran-Johnson	Title of Person Signing: Chief Executive Officer, Dekalb County

5.

Georgia Department of Public Health (hereafter called "DPH" or "Department")

By *(Authorized Signature, if required)*	Date Signed
Kathleen E. Toomey, M.D., M.P.H.	10/06/2025
Printed Name: **Kathleen E. Toomey, M.D., M.P.H.**	Title of Person Signing: **Commissioner**

6. In consideration of the mutual promises of the Parties, the terms, provisions and conditions of this Amendment and other good and valuable consideration, the sufficiency of which is hereby acknowledged, DPH and Contractor hereby agree as follows:

Delete: Section 7, Authorized Notice Person to Receive Contract Notices for Department, Contract Administrator, of Amendment **#2.**	**Add:** Section 7, Authorized Notice Person to Receive Contract Notices for Department, Contract Administrator, of Amendment **#3**.
Delete: Item 1 of Paragraph A of Section 2 SPECIFIC CONTRACTOR RESPONSIBILITIES, of Attachment 5, of Amendment #1.	**Add:** Item 1 of Paragraph A of Section 2 SPECIFIC CONTRACTOR RESPONSIBILITIES, of Attachment 5, of Amendment #3.
Delete: Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of Amendment #2.	**Add:** Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of Amendment #3.

Except as otherwise expressly set forth herein, the terms and conditions contained in the Contract are unchanged.

Amendment #3

I. **Section 7 Authorized Persons to Receive Contract Notices for Department, Contract Administrator, of Amendment #2** shall be deleted in its entirety and replaced with the following:

Contract Administrator:
Raquel McBean
200 Piedmont Ave. SE
West Tower, 19th Floor
Atlanta, Georgia 30334
Phone: 470-867-1725
Email: raquel.mcbean@dph.ga.gov

II. **Item 1 of Paragraph A, of Section 2 Specific Contractor Responsibilities, of Attachment 5, of Amendment 1** shall be deleted in its entirety and replaced with the following:

1. Using PAT Evidence-based home visiting model, the Contractor shall provide services to the projected caseload of **one hundred eighty (180) families** each month and a projected 1000 families served in the First Step program each fiscal year.

III. **Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of Amendment #2** shall be deleted in its entirety and replaced with the attached **Attachment 8: Federal Sub-Recipient Addendum for Sub-Awards of Amendment #3**.

ATTACHMENT # 8
FEDERAL SUB-RECIPIENT ADDENDUM FOR SUB-AWARDS

The Contractor's status as "sub-recipient" as that term is defined in 2 C.F.R. § 200.330 imposes additional identification of the sub-award and disclosure of information as required by 2 C.F.R. § 200.331.

1. **Federal Award Identification:**

   a. Sub-recipient Name (must match registered name in SAM): **DeKalb County Government**
   b. Sub-recipient's Unique Entity Identifier (UEI): **K8G5TL8B1CX7** (12 alphanumeric characters)
   c. Federal Award Identification Number (FAIN): **X1053642**
   d. Date Award signed by Federal Agency: **08/27/2024**
   e. Sub-award Period of Performance Start and End Date: **10/1/2025 - 9/29/2026**
   f. Federal Funds Obligated by this Action: **$0.00**
   g. Federal funds Obligated to Sub-recipient: **$877,856.00**
   h. Total Amount of Federal Award: **$9,648,401.00**
   i. Federal Award Project Description: **Maternal, Infant and Early Childhood Homevisiting Grant Program**
   j. Name of Federal Awarding agency: **U.S. Department of Health and Human Services**
   k. Name of pass-through entity: **Georgia Department of Public Health**
   l. Contact information for awarding official: **HRSA, OFAM, DGMO, MCHSB, 5600 Fishers Ln, Rockville, MD 20852-1750**
   m. CFDA Name: **Maternal, Infant and Early Childhood Homevisiting Grant Program (MIECHV)**
   n. CFDA Number: **93.870**
   o. Research and Development Contract: ☐ Yes ☒ No
   p. Indirect Cost Rate: **N/A**

2. **Contractor must comply with the following provisions:**

   a. Contractor shall allow Department to monitor activities to ensure use of the funds complies with the authorized purposes in compliance with Federal laws, regulations and the provisions of contracts or grant agreements and that performance goals are achieved.

   b. Contractor must submit the final invoice within 45 days of the end of the period of performance or such other date as specified by the sub-award and label final invoices as FINAL to allow for timely closeout of the sub-award. Invoices submitted later than 45 days from the end date of performance may not be paid.