

# Georgia Department of Public Health Amendment #1

Contract Number  
**40500-036-22203327**

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 Begin Date: **9/1/2023**      Contract End Date: **8/31/2024**  
 Amendment Effective Date: **Upon Signature**

3. Current Amount of this Contract:	Amendment Decrease Amount:	Amended Total Contract Amount:	Total Amount for Next Renewal Period:
<b>\$31,326.00</b>	<b>(\$6,546.00)</b>	<b>\$24,780.00</b>	<b>\$24,780.00</b>

**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
Printed Name	Title of Person Signing

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

By (Authorized Signature, if required)	Date Signed
Printed Name	Title of Person Signing
<b>Kathleen E. Toomey, M.D., M.P.H.</b>	<b>Commissioner</b>

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:

<b>Delete:</b> Section 7 Authorized Person to Receive Contract Notices for the Department of <b>Original Agreement</b> .	<b>Add:</b> Section 7 Authorized Person to Receive Contract Notices for the Department of <b>Amendment #1</b>
<b>Delete:</b> Paragraph A, of Section 2 SPECIFIC CONTRACTOR RESPONSIBILITIES, of Attachment 5 of the <b>Original Agreement</b> .	<b>Add:</b> Paragraph A, of Section 2 SPECIFIC CONTRACTOR RESPONSIBILITIES, of Attachment 5 of <b>Amendment #1</b> .
<b>Delete:</b> RATE SCHEDULE BUDGET of <b>Original Agreement</b> .	<b>Add:</b> RATE SCHEDULE BUDGET, of <b>Amendment #1</b>

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

## AMENDMENT 1

- I. **Section 7 Authorized Persons to Receive Contract Notices for Department, of Original Agreement** shall be deleted in its entirety and replaced with the following:

Section 7 Authorized Persons to Receive Contract Notices for Department:

Business Owner:

**Kathleen Kassa**

**200 Piedmont Ave SE, West Tower, Suite 1002**

**Atlanta, Georgia 30334**

**Phone: 404-657-2567**

**Email: [Kathleen.kassa@dph.ga.gov](mailto:Kathleen.kassa@dph.ga.gov)**

Contract Administrator:

**Joshua Martin**

**200 Piedmont Ave SE, West Tower, 19<sup>th</sup> Floor**

**Atlanta, Georgia 30334**

**Phone: 470-763-7885**

**Email: [Joshua.martin2@dph.ga.gov](mailto:Joshua.martin2@dph.ga.gov)**

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

A. Conduct **84** toxicology tests based on the following criteria:

- a. Tests are conducted on cases wherein a strong investigative evidence of illicit drug overdose was reported on the death certificate.
- b. Cases with strong investigative evidence of suicide or accidental overdose with prescribed opioids are excluded.
- c. Tests must be conducted by the NMS Labs, Inc. using a postmortem expanded panel. If results indicate there may be a derivative of an opioid, a test to identify any designer opioids must be conducted.

- III. Effective **Upon Execution**, the Department will pay Contractor as described in the attached **Rate Schedule Budget of Amendment 1**. Accordingly, the **Rate Schedule Budget of the Original Agreement** and all rate schedules established prior to this Amendment are hereby amended as described in the attached Rate Schedule Budget.

## RATE SCHEDULE BUDGET Amendment 1

<b>CONTRACTOR</b>	<b>CONTRACT NUMBER</b>
Dekalb County Government	40500-036-22203327
<b>CONTRACTOR CONTACT NAME</b>	<b>CONTRACTOR CONTACT PHONE NUMBER</b>
Patrick Bailey	(404) 508-3500
<b>Electronic Funds Transfer?</b> <input checked="" type="checkbox"/> Yes (Authorization for EFT must be attached or on file) <input type="checkbox"/> No	

**Remit Invoices to:**

Georgia Department of Public Health  
 Attn: Kathleen Kassa  
 Email: Kathleen.kassa@dph.ga.gov

DESCRIPTION OF SERVICES	Dollar Amount per Unit of Measure	Unit of Measure (i.e., each, month, lot)	Number of Units (Quantity)	Total Approved Budget Funds
Toxicology Tests	<b>\$295.00</b>	each	<b>84</b>	<b>\$24,780.00</b>
<b>TOTAL</b>				<b>\$ 24,780.00</b>