

# Georgia Department of Public Health

## Amendment #2

|   |                                   |  |
|---|-----------------------------------|--|
| Solicitation Title<br><b>Exempt-Intergovernmental</b> | Solicitation Number<br><b>n/a</b> | Contract Number<br><b>40500-065-25254981</b> |
|---|-----------------------------------|--|

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<br>Begin Date:<br><b>09/01/2025</b> | Contract End Date:<br><b>08/31/2026</b><br>Amendment Effective Date: <b>09/01/2025</b> |
|---|--|

|  |  |   |  |
|--|--|---|--|
| 3. Current Amount of this<br>Contract:<br><b>\$32,450.00</b> | Amendment Decrease<br>Amount:<br><b>(\$7,670.00)</b> | Amended Total Contract<br>Amount:<br><b>\$24,780.00</b> | Total Amount for Next<br>Renewal Period:<br><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

**Kathleen E. Toomey, M.D., M.P.H.**

**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:** Paragraph A, of Section 2 Specific Contractor Responsibilities, of Amendment #1.

**Add:** Paragraph A, of Section 2 Specific Contractor Responsibilities, of Amendment #2.

**Delete:** RATE SCHEDULE BUDGET of Amendment #1.

**Add:** RATE SCHEDULE BUDGET dated 09/01/2025 of Amendment #2.

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

## AMENDMENT #2

- I. **Paragraph A, of Section 2 Specific Contractor Responsibilities of Amendment #1** shall be deleted in its entirety and replaced with the following:
  - A. Conduct **84** toxicology tests based on the following criteria:
    - a. Wherein a strong investigative evidence of illicit drug overdose was reported on the death certificate.
    - b. Exclude cases with strong investigative evidence of suicide or accidental overdose with prescribed opioids.
    - c. Conduct tests using a postmortem expended panel. If results indicate there may be a derivative of an opioid, a test to identify any designer opioids must be conducted.
- II. Effective **09/01/2025**, the Department will pay the Contractor as described in the attached **Rate Schedule Budget dated 09/01/2025**. Accordingly, the **Rate Schedule Budget of Amendment #1**, and all rate schedules established prior to this Amendment are hereby amended as described in the attached Rate Schedule Budget.

# RATE SCHEDULE BUDGET

## 09/01/2025

|   |  |
|---|--|
| <b>CONTRACTOR</b>   | <b>CONTRACT NUMBER</b>                 |
| DeKalb County Government  | 40500-065-25254981                     |
| <b>CONTRACTOR CONTACT NAME</b>  | <b>CONTRACTOR CONTACT PHONE NUMBER</b> |
| Gail Parker   | 404-508-3507                           |
| <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: Haley Hirsh  
 Email: [haley.hirsh@dph.ga.gov](mailto:haley.hirsh@dph.ga.gov)

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