

Georgia Department of Public Health Amendment #3

Solicitation Title Exempt-Intergovernmental	Solicitation Number n/a	Contract Number 40500-065-25254981
---	----------------------------	--

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: **09/01/2025** Contract End Date: **08/31/2026**
 Amendment Effective Date: **Upon Signature**

3. Current Amount of this Contract: \$24,780.00	Amendment Increase Amount: \$20,060.00	Amended Total Contract Amount: \$44,840.00	Total Amount for Next Renewal Period: \$44,840.00
---	--	--	---

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
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 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: Paragraph A, of Section 2 Specific Contractor Responsibilities, of Amendment #2.	Add: Paragraph A, of Section 2 Specific Contractor Responsibilities, of Amendment #3.
Delete: RATE SCHEDULE BUDGET dated 09/01/2026 of Amendment #2.	Add: RATE SCHEDULE BUDGET dated Upon Signature-08/31/2026 of Amendment #3.

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

AMENDMENT #3

- I. **Paragraph A, of Section 2 Specific Contractor Responsibilities, of Amendment #2**, shall be deleted in its entirety and replaced with the following:
 - A. Conduct **152** toxicology tests on the following criteria:
 - a. Wherein strong investigative evidence of illicit drug overdose was reported on the death certificate.
 - b. Exclude cases with strong evidence of suicide or accidental overdose prescribed opioids.
 - c. Conduct tests using 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 **Upon Signature**, the Department will pay Contractor as described in the attached **Rate Schedule Budget dated Upon Signature-08/31/2026**. Accordingly, the Rate Schedule Budget of **Amendment #2 dated 09/01/2025** and all rate schedules established prior to this Amendment are hereby amended as described in the attached Rate Schedule Budget.

RATE SCHEDULE BUDGET

CONTRACTOR	CONTRACT NUMBER
DeKalb County Government	40500-065-25254981
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT PHONE NUMBER
Gail Parker	404-508-3507
Electronic Funds Transfer? <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: haily.hirsh@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 Testing	\$295.00	Each	152	\$44,840.00
			TOTAL	\$44,840.00