



# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

**BL093-25, Provision of Respite & Personal Care Services for Gwinnett County Residents  
on an Annual Contract**

**CODE OF ETHICS AFFIDAVIT**

**PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED  
PRIOR TO EVALUATION.**

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

**1. A Circle Of Love Home Care**

Company Submitting Bid/Proposal

**2. Please select one of the following:**

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

**3. If additional space is required, please attach list:**

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

**4. BY:**   
Authorized Officer or Agent Signature

Guia Turney  
Printed Name of Authorized Officer or Agent

COO  
Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

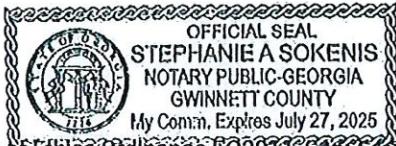
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Sworn to and subscribed before me this

18 day of July, 2028

  
Stephanie A. Soken

Notary Public



(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2019, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Affluent Healthcare LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

N/A

Gwinnett County Elected Official Name

4. BY: Keyondra Clark

Authorized Officer or Agent Signature

Keyondra Clark

Printed Name of Authorized Officer or Agent

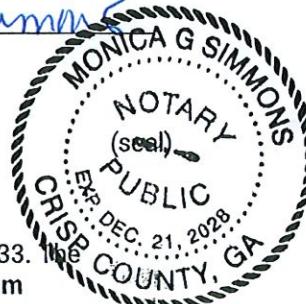
Administrator

Title of Authorized Officer or Agent or Contractor

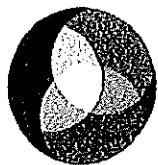
Sworn to and subscribed before me this

17<sup>th</sup> day of July, 2025

Maurice S. Simmons  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Alliance Care of Atlanta, Inc.  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY: Kevin A. Gaspke  
Authorized Officer or Agent Signature

Printed Name of Authorized Officer or Agent

President

Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

Sworn to and subscribed before me this

05 day of August 2015

John B. Ericson

Notary Public

My commission  
expires: 09-05-2018  
(seal)  
NOTARY  
PUBLIC  
LUMPKIN COUNTY, GA

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. At Home Atlanta, LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)  
*Type text here*

3. If additional space is required, please attach list:

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY: Darryl Ford  
Authorized Officer or Agent Signature

Printed Name of Authorized Officer or Agent

Darryl Ford  
President

Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

---

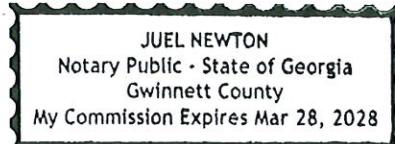
Gwinnett County Elected Official Name

---

Sworn to and subscribed before me this

1 day of July, 2025

Juel Newton  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Ardent Care Home Health  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

---

Gwinnett County Elected Official Name

---

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY:   
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Britney Searcy  
Printed Name of Authorized Officer or Agent

17 day of July, 2025

CEO  
Title of Authorized Officer or Agent

Laura M. Botts  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Cherokee Angel Senior Care

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

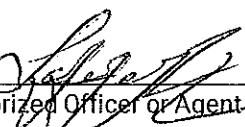
---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY:   
Authorized Officer or Agent Signature

Dominique R Louis

Printed Name of Authorized Officer or Agent

Executive Director

Title of Authorized Officer or Agent or Contractor

---

Gwinnett County Elected Official Name

---

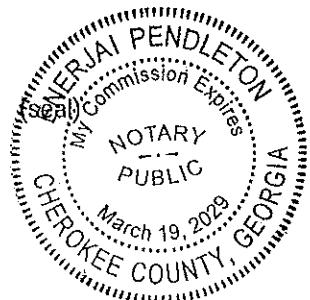
Gwinnett County Elected Official Name

---

Sworn to and subscribed before me this

17 day of July, 2025

Enverjai Pendleton  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Healing Hands Private Care  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY: Georgian Slack  
Authorized Officer or Agent Signature

Georgian Slack

Printed Name of Authorized Officer or Agent

Executive Director

Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

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Sworn to and subscribed before me this

23<sup>rd</sup> day of July, 2025

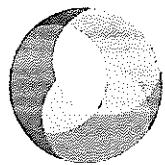
Charmaine J Gray  
Notary Public

Charmaine J Gray  
Notary Public, Dekalb County, GA  
My Commission Expires July 07, 2027

CHARMINE J GRAY  
NOTARY PUBLIC  
DEKALB COUNTY, GEORGIA  
My Commission Expires July 07, 2027

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com).

Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999



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1. Heavenly Life Homecare LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

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Gwinnett County Elected Official Name

4. BY: Anita Ocran

Authorized Officer or Agent Signature

Anita Ocran

Printed Name of Authorized Officer or Agent

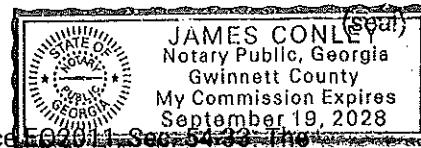
Owner

Title of Authorized Officer or Agent of Contractor

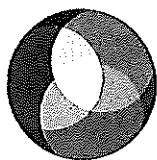
Sworn to and subscribed before me this

19<sup>th</sup> day of July, 2025

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance #093-25. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Lynette's TLC Home Services LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

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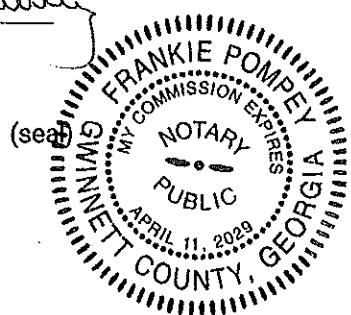
Gwinnett County Elected Official Name

4. BY: Annetta Mcclure  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

14th day of July, 2025

Frankie Pompey  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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**1. Mimi Cares Personal Care LLC**

Company Submitting Bid/Proposal

**2. Please select one of the following:**

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

**3. If additional space is required, please attach list:**

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

**4. BY: Miyoshi Garrison**  
Authorized Officer or Agent Signature

Miyoshi Garrison  
Printed Name of Authorized Officer or Agent

Owner  
Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

---

Sworn to and subscribed before me this

8th day of July, 2023  
Shannon L. Alexander  
Notary Public

Shannon L. Alexander  
NOTARY PUBLIC  
FULTON COUNTY, GEORGIA (seal)  
My Commission Expires 11/06/2028

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com**



GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

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1. My Healing Angels LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

NA

Gwinnett County Elected Official Name

NA

Gwinnett County Elected Official Name

4. BY:

Authorized Officer or Agent Signature

Nikki M. Thomas

Printed Name of Authorized Officer or Agent

Administrator

Title of Authorized Officer or Agent of Contractor

NA

Gwinnett County Elected Official Name

NA

Gwinnett County Elected Official Name

Sworn to and subscribed before me this

16<sup>th</sup> day of July, 2025

Ken M. Argent  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Prime Comfort Care LLC

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

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Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

---

4. BY: Brandi Wells-Evans

Authorized Officer or Agent Signature

Brandi Wells-Evans

Printed Name of Authorized Officer or Agent

Owner

Title of Authorized Officer or Agent of Contractor

---

Gwinnett County Elected Official Name

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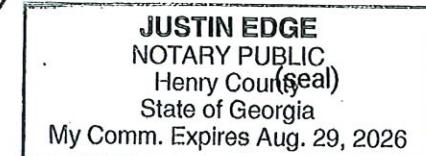
Gwinnett County Elected Official Name

---

Sworn to and subscribed before me this

22 day of July, 2025

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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## 1. Quality Care Inhome Care Service

### Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (*complete only section 4 below*)

Disclosed information below (*complete section 3 & section 4 below*)

3. If additional space is required, please attach list:

**Gwinnett County Elected Official Name**

### Gwinnett County Elected Official Name

4. BY: John Doe  
Authorized Officer or Agent Signature

Printed Name of Authorized Officer or Agent

CEO/Founder

**Title of Authorized Officer or Agent of Contractor**

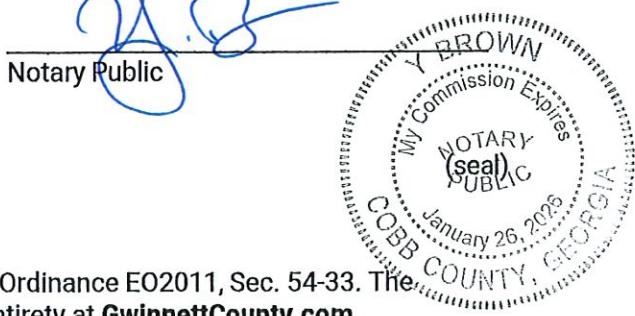
**Gwinnett County Elected Official Name**

### Gwinnett County Elected Official Name

Sworn to and subscribed before me this

10th day of July, 2025

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33  
ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)

ETHICS AFFIDAVIT



Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

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1. Southern Home Care Services, Inc. dba All Ways Caring HomeCare  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. BY:

Sherry Pemberton  
Authorized Officer or Agent Signature

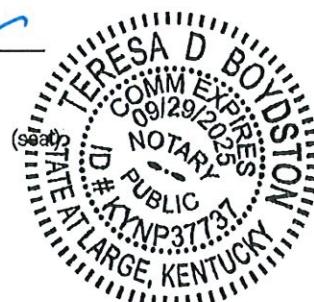
Sherry Pemberton

Printed Name of Authorized Officer or Agent  
Vice President Payer Contracting  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

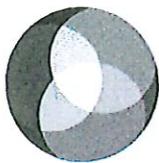
16th day of July, 2025

NPS  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)

Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999



**BL093-25, Provision of Respite & Personal Care Services for Gwinnett County Residents**  
**on an Annual Contract**

**CODE OF ETHICS AFFIDAVIT**

**PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED  
PRIOR TO EVALUATION.**

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. Tender Hands Private Home Care, Inc.

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)

Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

---

Gwinnett County Elected Official Name

---

---

Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY:

Courtney Walker  
Authorized Officer or Agent Signature

Printed Name of Authorized Officer or Agent

Assistant

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

22 day of July, 2025

  
Notary Public  
Karin Van Niekerk  
NOTARY PUBLIC  
Gwinnett County, GEORGIA  
My Commission Expires 09/06/2026

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com**



# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

**BL093-25, Provision of Respite & Personal Care Services for Gwinnett County Residents  
on an Annual Contract**

**CODE OF ETHICS AFFIDAVIT**

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Trusted Hands Senior Care, LLC

1. \_\_\_\_\_  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY: Monique Collins  
Authorized Officer or Agent Signature

Monique Collins

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent  
CEO

\_\_\_\_\_  
Title of Authorized Officer or Agent or Contractor.

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

Sworn to and subscribed before me this

17<sup>th</sup> day of July, 2025

Pamela D. Hall

Notary Public  
Pamela D Hall  
NOTARY PUBLIC  
COBB COUNTY, GEORGIA  
My Commission Expires 01/16/2029

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)