



BL127-19, Provision of Respite Care for Gwinnett County Citizens on an Annual Contract

CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH
YOUR SUBMITTAL AND WILL BE 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 his/her 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. Amazing Care Agency Inc
(Company Submitting Bid/Proposal)

2. (Please check ☒ one box below)

☒ 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: R. Pappoe
Authorized Officer or Agent Signature
Rhoda Pappoe
Printed Name of Authorized Officer or Agent

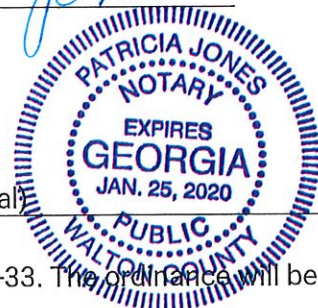
Sworn to and subscribed before me this

13th day of December, 2019

Patricia Jones
Notary Public

Owner
Title of Authorized Officer or Agent of Contractor

(seal)



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



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1. Anchor Home Health Corporation
(Company Submitting Bid/Proposal)

2. (Please check ☒ one box below)

☒ 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:

Tamika Whatz

Authorized Officer or Agent Signature

Tamika Whatz
Printed Name of Authorized Officer or Agent

Project Manager
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

10th day of December, 2019

Ruby Clemmons
Notary Public

Ruby Clemmons
NOTARY PUBLIC
DeKalb County, Georgia
My Commission Expires 8/22/2021
(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcountry.com



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1. Nuhife Senior Care LLC
(Company Submitting Bid/Proposal)

2. (Please check ☒ one box below)

☒ 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:

Erica Clay

Authorized Officer or Agent Signature

Erica Clay

Printed Name of Authorized Officer or Agent

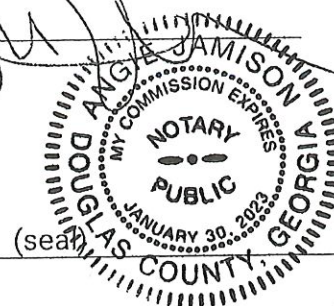
Owner

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

11th day of December, 2019

[Signature]
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 www.gwinnettcounty.com



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1. Southern Home Care Services, Inc. dba ResCare HomeCare
(Company Submitting Bid/Proposal)

2. (Please check ☒ one box below)

☒ 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: Sherry Pemberton
Authorized Officer or Agent Signature

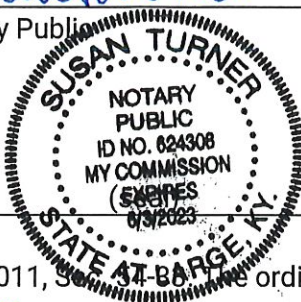
Sherry Pemberton
Printed Name of Authorized Officer or Agent

Vice President Contracts, Sales & Marketing Support
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

9 day of December, 2019

Susan Turner
Notary Public



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



WINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935
(O) 770.822.8720 | (F) 770.822.8735
www.gwinnettcountry.com

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1. Trusted Hands Senior Care
(Company Submitting Bid/Proposal)

2. (Please check ☒ one box below)

☒ 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: Monique Collins
Authorized Officer or Agent Signature

Monique Collins
Printed Name of Authorized Officer or Agent

CEO/Founder
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

5 day of December, 2019

MCS
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 www.gwinnettcountry.com