



BL030-21, Provision of Homemaker Services for Gwinnett County Citizens on an Annual Contract, page 12

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:

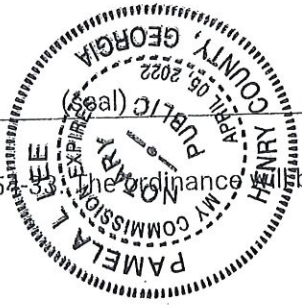
1. K&K Healthcare Systems, Inc
(Company Submitting Bid/Proposal)

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. Sworn to and subscribed before me this
BY: Omolayo C Akinbote 4 day of March, 2021
Authorized Officer or Agent Signature
Omolayo Catherine Akinbote Pamela Lee
Printed Name of Authorized Officer or Agent Notary Public
RN/ Administrator
Title of Authorized Officer or Agent of Contractor



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



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1. At Home Atlanta
 (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: <u>Darryl Ford</u> Authorized Officer or Agent Signature <u>Darryl Ford</u> Printed Name of Authorized Officer or Agent <u>President</u> Title of Authorized Officer or Agent of Contractor	Sworn to and subscribed before me this <u>12th</u> day of <u>March</u> , 2021 <u>[Signature]</u> Notary Public <div style="text-align: right; color: red;"> Puja K Vyas NOTARY PUBLIC Gwinnett County, GEORGIA My Comm. Expires 10/21/2021 </div>
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(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.gwinnettcounty.com





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1. Power wheelchair Services Inc DBA Heavenly Companion 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: [Signature] Sworn to and subscribed before me this
Authorized Officer or Agent Signature 6TH day of MARCH, 2021
OMOYE TRACY OROBOR Notary Public
Printed Name of Authorized Officer or Agent
DIRECTOR Antonio D Copeland
Title of Authorized Officer or Agent of Contractor NOTARY PUBLIC
Fayette County, GEORGIA
My Commission Expires 12/03/2023
(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. JARR VETERANS STAFFING
 (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: <u>[Signature]</u> Authorized Officer or Agent Signature <u>Delys Bonas</u> Printed Name of Authorized Officer or Agent <u>[Signature]</u> Title of Authorized Officer or Agent of Contractor	Sworn to and subscribed before me this <u>19</u> day of <u>March</u> , 2021 <u>[Signature]</u> Notary Public <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>F OKOEGUALE NOTARY PUBLIC Gwinnett County State of Georgia My Comm. Expires August 2, 2022 (seal)</p> </div>
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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

