



Gwinnett

GWINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

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

EXHIBIT F – CODE OF ETHICS AFFIDAVIT

RP040-23 Provision of Wellness Center Administration on an Annual Contract

Page 34

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. CareATC, 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)

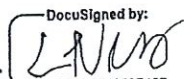
3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature

Sworn to and subscribed before me this


Lisa Ness

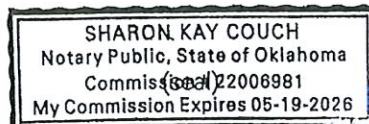
2nd day of November, 2023

Printed Name of Authorized Officer or Agent

Chief Revenue Officer

Title of Authorized Officer or Agent of Contractor


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



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1. Crossover Health Medical Group, APC
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*)

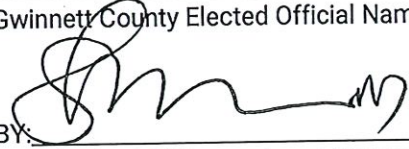
3. If additional space is required, please attach list:

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

Scott Shreeve, MD
Printed Name of Authorized Officer or Agent

_____ day of _____, 20____

Chief Executive Officer
Title of Authorized Officer or Agent of Contractor

see attachment
Notary Public

(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

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on

this 2 day of November, 2023, by
Date Month Year

(1) Scott Shreeve

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Code of Ethics Affidavit - Guinness

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



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1. Evernorth Direct Health, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: *Jeffrey T. Perry, DBA*
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Jeffrey T. Perry, DBA
Printed Name of Authorized Officer or Agent

1st day of November, 2023

Vice President
Title of Authorized Officer or Agent of Contractor

Vijay Deshmukh
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**



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1. Marathon Health, LLC
Company Submitting Bid/Proposal

2. Please select one of the following:
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☐ Disclosed information below (*complete section 3 & section 4 below*)

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

Gwinnett County Elected Official Name

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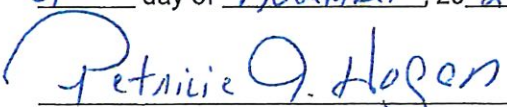
Gwinnett County Elected Official Name

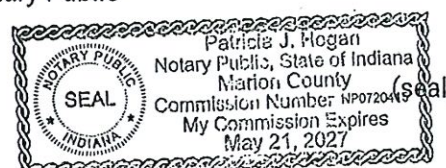
Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Chad Ashcraft
Printed Name of Authorized Officer or Agent
Chief Growth Officer
Title of Authorized Officer or Agent of Contractor

2nd day of November, 2023

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**



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1. Med Investors Development, LLC dba One to One 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: Wil Trohanis
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Wil Trohanis

7th day of November, 2023

Printed Name of Authorized Officer or Agent

Chief Revenue Officer

Title of Authorized Officer or Agent of Contractor

Stephanie Dickert
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



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1. Premise Health Employer Solutions, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: 
Authorized Officer or Agent Signature

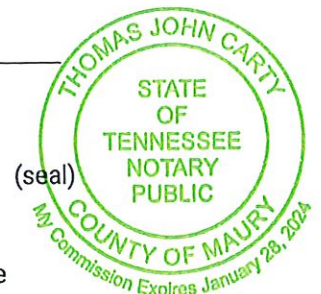
Sworn to and subscribed before me this

William Wright
Printed Name of Authorized Officer or Agent

27th day of October, 2023

Secretary & General Counsel
Title of Authorized Officer or Agent of Contractor


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**



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1. Proactive MD GA, LLC
Company Submitting Bid/Proposal

2. Please select one of the following:
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☐ 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

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Gwinnett County Elected Official Name

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Authorized Officer or Agent Signature

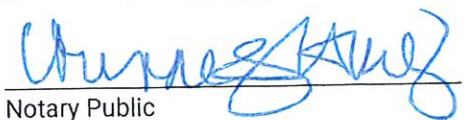
Sworn to and subscribed before me this

Benjamin Stoner

31st day of October, 2023

Printed Name of Authorized Officer or Agent

EVP, Finance


Notary Public

Title of Authorized Officer or Agent of Contractor

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

