

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions**

Contract No.: **22RFP0120B-PS, WIOA Youth Services**

Address: **9200 Shelbyville Road, Suite 210**
City, State **Louisville, KY 40222**

Telephone: **502-630-3834**

Email: **Jack.Sawyer@equusworks.com**

Contact: **Jack Sawyer**
CEO

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions to provide workforce solutions for dislocated workers and qualified unemployed/underemployed adults, dated April 20, 2022, on behalf of the Economic Development department; and

WHEREAS, the County wishes to amend the existing contract to include required federal award identification information into sub-awards; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on _____ 2026 and

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of _____ 2026, between the County and APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:**

Amend existing contract - Select Fulton, 22RFP0120B-PS, for Workforce Development Division, branded as WorkSource Fulton to Include required federal award identification information into sub-awards, issued to sub-recipients granted for Workforce Innovation and Opportunity Act (WIOA) funding passed-through Technical College System of Georgia (TCSG) in accordance with Workforce

Implementation Guidance Letter, (WIG) GA-19-001, contract assurances. The distinction identifies a sub-recipient from a vendor and clearly identifies as such in the terms of the contract. In compliance with the Uniform Grant Guidance, (2 CFR PART 200 and 2 CFR 200.332(b)(1)(ii).

All requirements of the sub-award, including requirements imposed by Federal statutes, regulations, and the terms and conditions of the Federal award; Any additional requirements that the pass-through entity imposes on the sub-recipient for the passthrough entity to meet its responsibilities under the Federal award apply.

Addendum:

Company's UEI #: (MSYFSPW9KMD3) Subrecipient's unique entity identifier as active in SAM.GOV) 2 CFR 200.332(b)(1)(ii)

GRANT PERIODS: 4/01/2024 – 6/30/2026; 4/01/2025 – 6/30/2027

PROGRAM TITLE/TYPE: WIOA Youth Services

AMOUNT: Up to \$600,000

FAIN: 24A55AY000074; 25A55AY000159

ALN: 17.259

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$0.00 approved by BOC.
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County, and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

CONTRACTOR:

**APM EQUUS HOLDINGS
CORPORATION dba ARBOR
E&T, LLC dba EQUUS
WORKFORCE SOLUTIONS**

Robert L. Pitts, Chairman
Fulton County Board of
Commissioners

Jack Sawyer
CEO

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

Samir Abdullahi, Director
Select Fulton

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: _____ 2 ND RM: _____ SECOND REGULAR MEETING
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