



November 19, 2025

VIA EMAIL [marketing@honorvettech.com](mailto:marketing@honorvettech.com) [procurement@honorvettech.com](mailto:procurement@honorvettech.com)

Technostaff LLC dba HonorVet Technologies  
271 US 46 West, Suite C202  
Fairfield, NJ 07004  
Attn: Rajeev Sharma / Daniel Ginzburg

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Technostaff LLC dba HonorVet Technologies dated March 21, 2025. The purpose of this letter is to obtain Technostaff LLC dba HonorVet Technologies’ acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from March 21, 2026, to March 20, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Technostaff LLC dba HonorVet Technologies’ consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,


*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

Technostaff LLC dba HonorVet Technologies hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until March 20, 2027. Technostaff LLC dba HonorVet Technologies understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory

Daniel Ginzburg  
\_\_\_\_\_  
Name (Typed or Printed)

11/21/2025  
\_\_\_\_\_  
Date

CEO  
\_\_\_\_\_  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

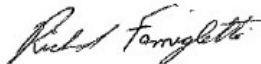
<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC One Jericho Plaza Ste 200 Jericho NY 11753	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 516-745-0800		<b>FAX (A/C. No.):</b> 516-745-0082
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
INSURER A : Philadelphia Indemnity Insurance Company			18058
INSURER B : Wesco Insurance Company			25011
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

**COVERAGES** **CERTIFICATE NUMBER: 882667174** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK2705505	2/1/2025	2/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2705505	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB917653	2/1/2025	2/1/2026	EACH OCCURRENCE	\$ 7,000,000
							AGGREGATE	\$ 7,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		WWC3769791	2/1/2025	2/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
		Y	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability (E&O)			PHPK2705505	2/1/2025	2/1/2026	Each Claim Aggregate	\$1,000,000 \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 DeKalb County School District and its respective directors, officers, partners, Board Members, officials, agents, insurers, subcontractors, consultants and employees are Additional Insured as respects General Liability, Auto Liability, and Umbrella Liability policies, pursuant to and subject to the policy's terms, definitions, conditions and exclusions. Waiver of Subrogation applies to DeKalb County School District. Technostaff LLC dba Honorvet Technologies waives all rights, including rights of subrogation, against the DCSD and its respective directors, officers, partners, Board Members, officials, agents, insurers, subcontractors, consultants and employees for damages covered by any type of insurance during and after the completion of the Work. A 30 Day Written notice of cancellation will be provided to DCSD where required by written contract. Technostaff LLC dba Honorvet Technologies shall be responsible and have the financial wherewithal to cover any deductible or retention included in the policies. Umbrella policy is excess over General Liability, Auto Liability, and Professional Liability.

<b>CERTIFICATE HOLDER</b>  DeKalb County School District DeKalb County Board of Education ATTN: Risk Management Department 1701 Mountain Industrial Blvd. Stone Mountain GA 30083	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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November 19, 2025

VIA EMAIL [amanda.campbell@tandymgroup.com](mailto:amanda.campbell@tandymgroup.com)

Tandym Group, LLC  
675 Third Ave, 5<sup>th</sup> Floor  
New York, NY 10017  
Attn: Amanda Campbell

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Dear Ms. Campbell:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Tandym Group, LLC dated March 21, 2025. The purpose of this letter is to obtain Tandym Group, LLC’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from March 21, 2026, to March 20, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Tandym Group, LLC’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice\\_Brown@dekalbschoolsga.org](mailto:Latrice_Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

Tandym Group, LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until March 20, 2027. Tandym Group, LLC understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

*Amanda Campbell*  
Authorized Signatory

12/16/25  
Date

Amanda Campbell  
Name (Typed or Printed)

VP - Business Proposals  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> York International Agency, LLC 500 Mamaroneck Ave Suite 220 Harrison NY 10528	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 914-376-2200		<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Philadelphia Indemnity Insurance Company			18058
<b>INSURER B :</b> Milford Casualty Insurance Company			26662
<b>INSURER C :</b> Federal Insurance Company			20281
<b>INSURER D :</b> ACE American Insurance Company			22667
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 1054794500 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2586325-002	9/1/2025	9/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2586325-002	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB875997-002	9/1/2025	9/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC1038875	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A C D	Staffing Professional Crime Cyber			PHPK2586325-002 8261-7732 F16308778005	9/1/2025 9/1/2025 9/1/2025	9/1/2026 9/1/2026 9/1/2026	Occ-\$2M/Agg \$3M 1st Party - \$1M Occurrence/Aggregate Ded. \$50,000 3rd Party - \$5M 5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The following policies are scheduled as underlying policies on the Umbrella - General Liability, Auto Liability, Workers Compensation and Professional.

Workers Compensation for the following States: Arizona, California, Colorado, Connecticut, Washington D.C., Florida, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Maryland, Michigan, Missouri, Mississippi, Nevada, New Jersey, New York, Pennsylvania, Tennessee, Texas, Vermont, Virginia, Wisconsin, New Hampshire, North Carolina, South Carolina.

Certificate holder is included as additional insured as required by written, signed contract.

## CERTIFICATE HOLDER

## CANCELLATION

DeKalb County School District  
 1701 Mountain Industrial Boulevard  
 Stone Mountain GA 30083

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Stephen P. Schuttz*

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November 19, 2025

VIA EMAIL [k12ops.bids@ssg-healthcare.com](mailto:k12ops.bids@ssg-healthcare.com)

The Stepping Stones Group  
2300 Windy Ridge Parkway, STE 825S  
Atlanta, GA 30339  
Attn: John Gumpert

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Dear Mr. Gumpert:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and The Stepping Stones Group dated April 25, 2025. The purpose of this letter is to obtain The Stepping Stones Group’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from April 25, 2026, to April 24, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates The Stepping Stones Group’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

The Stepping Stones Group hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until April 24, 2027. The Stepping Stones Group understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory

11/20/25  
\_\_\_\_\_  
Date

John Gumpert  
\_\_\_\_\_  
Name (Typed or Printed)

Director of Contracts & Proposals  
\_\_\_\_\_  
Title of Authorized Signatory





Finance

November 19, 2025

VIA EMAIL [nationalrfps@shccares.com](mailto:nationalrfps@shccares.com)

SHC Services, Inc.  
6955 Union Park Center Dr., Ste 400  
Cottonwood Heights, UT 84047  
Attn: Vanessa Diamo

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Dear Ms. Diamo:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and SHC Services dated May 2, 2025. The purpose of this letter is to obtain SHC Services, Inc.’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from May 2, 2026, to May 1, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates SHC Services, Inc.’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

SHC Services, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until May 1, 2027. SHC Services, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

DocuSigned by:  
*Erin Johnson*  
62EBF3406527406...

11/21/2025 | 1:52 PM MST

Authorized Signatory

Date

Erin Johnson

Director of Regional Sales

Name (Typed or Printed)

Title of Authorized Signatory





November 19, 2025

VIA EMAIL [mlewis@eduhealthcare.com](mailto:mlewis@eduhealthcare.com)

EDU Healthcare, LLC  
18820 Statesville Road  
Cornelius, NC 28031  
Attn: Matthew Lewis

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Greetings:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and EDU Healthcare, LLC dated April 25, 2025. The purpose of this letter is to obtain EDU Healthcare, LLC’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from April 25, 2026, to April 24, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates EDU Healthcare LLC’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

EDU Healthcare, LLC hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until April 24, 2027. EDU Healthcare, LLC understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
\_\_\_\_\_  
Authorized Signatory

11/25/2025  
\_\_\_\_\_  
Date

Lynne Nicol  
\_\_\_\_\_  
Name (Typed or Printed)

Senior Vice President  
\_\_\_\_\_  
Title of Authorized Signatory





November 19, 2025

VIA EMAIL [rfp@deltatg.com](mailto:rfp@deltatg.com)

Delta-T Group Georgia, Inc.  
2870 Peachtree Road, Suite 185  
Atlanta, GA 30305  
Attn: Sarah Kessler

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Dear Ms. Kessler:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Delta T-Group Georgia, Inc. dated March 21, 2025. The purpose of this letter is to obtain Delta T-Group Georgia, Inc.’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from March 21, 2026, to March 20, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Delta T-Group Georgia, Inc.’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,

*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

Delta T-Group Georgia, Inc. hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until March 20, 2027. Delta-T Group Georgia, Inc. understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

\_\_\_\_\_  
Authorized Signatory

11/19/2025

\_\_\_\_\_  
Date

Scott McAndrews  
Name (Typed or Printed)

President  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	<b>CONTACT NAME:</b> Joe Flaherty <b>PHONE (A/C, No, Ext):</b> (847) 908-8719 <b>E-MAIL ADDRESS:</b> Joe.Flaherty@MarshMMA.com		<b>FAX (A/C, No):</b> (847) 440-9126
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Delta-T Group, Inc. 950 E. Haverford Road, Suite 200 Bryn Mawr PA 19010	<b>INSURER A:</b> GREAT AMERICAN INSURANCE COMPA	<b>NAIC #</b> 16691	
	<b>INSURER B:</b> Travelers Excess and Surplus L	29696	
	<b>INSURER C:</b> Texas Insurance Company	16543	
	<b>INSURER D:</b> Travelers Casualty and Surety	31194	
	<b>INSURER E:</b> Underwriter's at Lloyd's, Lond		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 224436369

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PRO00131225	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
E	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PRO00131225	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BFLXAHTPA01150002244502	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCF052604	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E B D	Prof Liab incl Sexual Abuse Cyber Liability incl Third Party Crime (Incl 3rd Party)			PRO00131225 CYB10794553201 107962869	7/1/2025 12/21/2024 7/1/2025	7/1/2026 6/21/2026 7/1/2026	Per Claim: \$1,000,000 Limit \$3,000,000 Limit: \$1,000,000 Agg: \$3,000,000 Retention: \$50,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Excess Liability follows form over the General Liability, Hired/Non-Owned Automobile Liability, Professional Liability, and Employers' Liability policies. DeKalb County School District, and DeKalb County Board of Education are included as Additional Insured with respects to General Liability and Auto Liability on a primary and non-contributory basis per written contract or agreement. Waiver of Subrogation provided for General Liability and Auto Liability. Direct written notice of cancellation provided to certificate holder for all policies except Crime.

**CERTIFICATE HOLDER**

DeKalb County School District  
 Purchasing/Finance Department  
 1701 Mountain Industrial Boulevard  
 Stone Mountain GA 30083

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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November 19, 2025

VIA EMAIL [jay.blair@aveanna.com](mailto:jay.blair@aveanna.com)

Aveanna Healthcare  
400 Interstate N Pkwy, Suite 1600  
Atlanta, GA 30339  
Attn: Jay Blair

**Reference: RFP 25-603 Nursing Services for Students with Disabilities – Renewal Notice**

Dear Mr. Blair:

The DeKalb County School District (“DCSD”) desires to renew the award of RFP 25-603 Nursing Services for Students with Disabilities, for one (1) year on the same terms, conditions, and pricing as set forth in the Agreement between DCSD and Aveanna Healthcare dated July 22, 2025. The purpose of this letter is to obtain Aveanna Healthcare’s acceptance of DCSD’s offer to renew the Agreement.

The renewal is subject to the DeKalb County Board of Education’s (“Board”) approval and will be effective from July 22, 2026, to July 21, 2027. Of course, we will notify you once the Board has approved the renewal. DCSD appreciates Aveanna Healthcare’s consideration of this offer to renew the award of RFP 25-603.

If accepted, please submit a copy of your company’s proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below, and email both documents no later than Wednesday, November 26, 2025, to Latrice Brown at [Latrice.Brown@dekalbschoolsga.org](mailto:Latrice.Brown@dekalbschoolsga.org). Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,


*Carla L. Smith*

Carla L. Smith  
Executive Director

CLS/smg  
c: Ms. Rolanda Johnson  
Ms. Latricia Gresham

**ACKNOWLEDGMENT**

Aveanna Healthcare hereby accepts DeKalb County School District’s offer to renew the award of RFP 25-603, Nursing Services for Students with Disabilities, as set forth in the Agreement until July 21, 2027. Aveanna Healthcare understands that this acceptance is subject to the approval of the DeKalb County Board of Education.

  
James Elkington (Nov 20, 2025 12:36:05 EST)  
Authorized Signatory

11/20/2025  
Date

James Elkington  
Name (Typed or Printed)

Chief Revenue Cycle Officer  
Title of Authorized Signatory



# CERTIFICATE OF LIABILITY INSURANCE

10/1/2026

DATE (MM/DD/YYYY)

9/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C. No.):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> 1431931 Pediatric Services of America, LLC dba Aveanna Healthcare 400 Interstate N. Parkway, S.E. Suite 1600 Atlanta GA 30339	<b>INSURER A:</b> Convex Insurance UK Limited		<b>NAIC #</b>
	<b>INSURER B:</b> Safety National Casualty Corporation		15105
	<b>INSURER C:</b> Ironshore Specialty Insurance Co		25445
	<b>INSURER D:</b> Zurich American Insurance Company		16535
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 15086183 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse & Molestation \$5M/\$5M GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	B0713GLHEA2500075	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	CA 6676421	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	N	HC7SAC4SOJ002	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	LDS4057671 PS 4064266 (WI)	10/1/2025 10/1/2025	10/1/2026 10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A D	Professional Liability Excess Emp Indemnity	N	N	B0713GLHEA2500075 NSL1138608-01	10/1/2025 10/1/2025	10/1/2026 10/1/2026	Per Claim -\$5,000,000 Policy Agg-\$5,000,000 Max Limit Per Emp-\$5M Pol Agg - \$15M

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Professional and General Liability are subject to a total policy Agg of \$5,000,000. Self-Insured Retention of \$2,000,000 applies to General and Professional Liability. Limit for Damage to Rented Premises increased to \$1,000,000 if required by written contract. DeKalb County School District is included as an Additional Insured as respect to General, Auto, Umbrella Liability, as per written contract, subject to terms, conditions and exclusions of policy. Waiver of Subrogation applies in favor of Additional Insured as respects to Workers Compensation, subject to terms, conditions and exclusions of the policy where applicable by state law.

**CERTIFICATE HOLDER****CANCELLATION**

**15086183**  
 Dekalb County School District  
 1701 Mountain Industrial Blvd  
 Stone Mountain GA 30083-1027

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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