



**RP025-24, Provision of Homemaker Services for Gwinnett Senior Residents on an Annual Contract**

## 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. Aachele Home Nursing Services, 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

Kimberly Piersen  
Printed Name of Authorized Officer or Agent

20<sup>th</sup> day of May, 2024

Owner  
Title of Authorized Officer or Agent of Contractor

  
Notary Public

M Lemon  
NOTARY PUBLIC  
Gwinnett County, GEORGIA (seal)  
My Commission Expires 11/29/2025

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](http://GwinnettCounty.com)



**RP025-24, Provision of Homemaker Services for Gwinnett Senior Residents on an Annual Contract**

**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. AT HOME ATLANTA  
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)

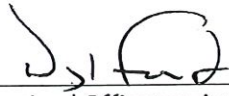
3. If additional space is required, please attach list:

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

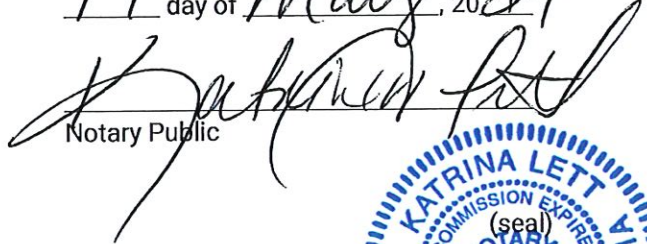
\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY:   
Authorized Officer or Agent Signature

DARRYL FORD  
Printed Name of Authorized Officer or Agent

PRESIDENT  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this  
14 day of May, 2024

  
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](http://GwinnettCounty.com)



**RP025-24, Provision of Homemaker Services for Gwinnett Senior Residents on an Annual Contract**

**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. My Healing Angels 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

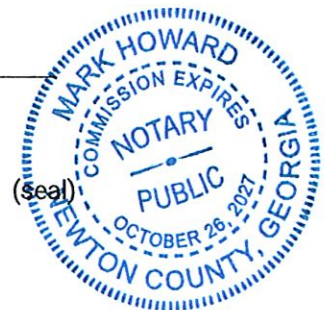
Sworn to and subscribed before me this

Nikkia Thomas  
Printed Name of Authorized Officer or Agent

18 day of MAY, 2024

Administrator  
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](http://GwinnettCounty.com)

**CODE OF ETHICS AFFIDAVIT**



GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION  
75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

RP025-24, Provision of Homemaker Services for Gwinnett Senior Residents on an Annual Contract

**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. Southern Home Care Services, Inc. dba All Ways Caring HomeCare  
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: Sherry Pemberton  
Authorized Officer or Agent Signature

Sherry Pemberton  
Printed Name of Authorized Officer or Agent

VP, Contracting  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

17 day of May, 2024

[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 GwinnettCounty.com

Proud Winner of the Annual Achievement of Excellence Award in Procurement since 1999