GEORGIA TRAUMA COMMISSION

RENEWAL AND AMENDMENT TO THE PARTICIPATION AGREEMENT BY AND BETWEEN THE GEORGIA TRAUMA CARE NETWORK COMMISSION AND (TRAUMA CENTER)

This Renewal and Amendment ("Renewal") is entered by and between the Georgia Trauma Care Network Commission ("Commission") and **(Trauma Center)**, ("Trauma Center") to be effective as of July 1, 2026.

WITNESSETH

WHEREAS, the Commission and Trauma Center entered into the "Georgia Trauma Care. Network Commission Participation Agreement" ("Agreement") ***(Contract Name)*** effective on July 1, 2025; and

WHEREAS, the Agreement provides for one (1) additional one-year period renewal at the Commission's discretion beginning July 1st and ending on June 30th of the succeeding year; and

WHEREAS, the Commission and Trauma Center desire to renew and amend their Agreement by this writing to establish the amended or additional terms and conditions which the parties have agreed to; and

NOW THEREFORE, based on the premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

AGREEMENTS

I. Notice of Renewal

A. Recitals. The foregoing recitals are true and correct and are incorporated into the Agreement by reference. Capitalized but undefined terms used in this Renewal shall have the meaning set forth in the Agreement.

B. Notice. Pursuant to Section VIII of the Agreement, the Commission may elect to renew the Agreement by giving Trauma Center written notice of its decision to renew at least ten (10) days prior to expiration of the initial term.

II. Accordingly, by its execution of this Renewal, Trauma Center acknowledges and agrees the Commission has timely and properly provided the notice of its election to renew

the Agreement to Trauma Center as required by Section VIII of the Agreement, which such Renewal is effective from July 1, 2026, to June 30, 2027.

Furthermore, by its execution of this Renewal, Trauma Center acknowledges and agrees the Commission has renewed the Agreement through its issuance to Trauma Center of an amended Exhibit 7, "FY 2027 Approved Budget", ("Amendment Renewal").

III. Amended Exhibits

The title and header of Exhibit 2, "FY 2026 Request for Funding Form" are deleted in their entirety and amended to "FY 2027 Request for Funding Form" with updated Approval Budget amounts for each Program Funding Description attached as Attachment A.

The title and header of Exhibit 3, "FY 2026 Level IV PBP Scorecard" are deleted in their entirety and amended to "FY 2027 Level IV PBP Scorecard"; Metric #2 is amended to in-person participation at the Summer 2026 GQIP meeting; and all 2025 dates are amended to 2026 and all 2026 dates are amended to 2027 and such amended Exhibit 3 is attached as Attachment B.

The Due Dates listed in Exhibit 4, "Submission Timeline for Required Documentation Schedule," are deleted in their entirely and amended to:

31 August 2026
31 January 2027
31 July 2027
31 August 2027, respectively

Exhibit 5, "Funding Suspension and Restoration Following ACS Site Survey Outcome of No Verification Impact on Readiness and Uncompensated Care Funding" is deleted in its entirely and amended with revised Exhibit 5 attached as Attachment C.

The header of Exhibit 7, "FY 2026 Approved Budget" is deleted in its entirety and amended to "FY 2027 Approved Budget and Amendment Renewal" attached as Attachment D.

IV. Miscellaneous

A. Full Force. Except as expressly modified by this Renewal, the Agreement shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding, and enforceable obligations of the parties. This Renewal and the Agreement (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto. In the event of a conflict between the provisions of this Renewal and the Agreement or any previous amendments, the provisions of this Renewal shall control and govern.

B. Counterparts. The parties agree that Section 31 of the Agreement, "Counterparts", shall apply to the signatures obtained to execute this Renewal.

IN WITNESS WHEREOF, the Commission and Trauma Center, through their authorized officers and agents, have caused this Renewal to be duly executed to be effective on the date first noted above.

TRAUMA CENTER: (please type or print)

Trauma Center's Full Legal Name:	
Authorized Signature:	
Printed Name and Title of Person Signing:	
Date:	
Address:	

GEORGIA TRAUMA CARE NETWORK COMMISSION:

Authorized Signature:	
Printed Name and Title of Person Signing:	Dennis Ashley, MD, Chair
Date:	
Address:	248 W Jefferson Street Madison, GA 30650

Authorized Signature:	
Printed Name and Title of Person Signing:	Elizabeth V. Atkins, RN, Executive Director
Date:	
Address:	248 W Jefferson Street Madison, GA 30650

ATTACHMENT A

EXHIBIT 2
FY 2027 REQUEST FOR FUNDING FORM

GEORGIA TRAUMA COMMISSION

FY 2027 Request for Funding Form

TRAUMA CENTER NAME	**AGREEMENT NUMBER**

Remit Completed Request for Funding as a PDF by email to gtcbusinessops@gtc.ga.gov

Funding Description	**Approved Budget**	**1st Biannual Request for Funding**	**Current Funding Request**	**Balance of Remaining Funds**
Performance-Based Readiness Payment Program				
Non Performance-Based Readiness Program				
Registry Support Program				
TOTAL				

I, the undersigned, certify that this Request for Funding is a request for funding for the completed actions, tasks, obligations and responsibilities of the above named Programs as agreed upon in the Agreement.

Trauma Center Approval Signature:

Printed Name of Request for Funding Preparer:	Signature of Party Submitting Request for Funding
Date Signed:	Printed Name and Title of Party Submitting:

Commission Approval:

Signature of Approver:

Printed Name and Title of Approver:	Date Approved:
Elizabeth V. Atkins, Executive Director	

ATTACHMENT B

EXHIBIT 3
FY 2027 LEVEL IV PBP SCORECARD

		FY 2027 LEVEL IV PBP CRITERIA			
Metric	**% at Risk**	**Criteria Description**	**% Tiers**	**Result**	
		Appointed Senior Executive Participation			SYSTEM PARTICIPATION
#1	**2**	**Appointed Senior Executive (or designee) participation in quarterly Trauma Administrators Committee virtual AND in-person meetings* *(2.1)***			
		Senior Executive (or designee) attend 3 virtual ***AND*** 1 in-person meeting	2		
		Senior Executive (or designee) attend 2 virtual ***AND*** 1 in-person meeting	1		
		Senior Executive (or designee) attend 2-3 virtual meetings	0.5		
		Senior Executive (or designee) attend 0-1 of 4 meetings	0		
#2	**2**	**Appointed Senior Executive (or designee) in-person participation at Summer 2026 GQIP meeting *(2.1)***			
		Yes	2		
		No	0		
		Trauma Medical Director (TMD) Participation			
#3	**2**	**TMD (or designee) participation in GQIP virtual *AND* in-person Summer 2026 *AND* in-person Winter 2027 meetings* *(2.1)***			
		Trauma Medical Director (or designee) attend 2 virtual; 2 in-person (Summer & Winter)	2		
		Trauma Medical Director (or designee) attend 1 virtual; 2 in-person (Summer & Winter)	1		
		Trauma Medical Director (or designee) attend 1-2 virtual;1 in-person (Summer or Winter)	0.5		
		Trauma Medical Director (or designee) attend 0 of 4 meetings	0		
#4	**2**	**TMD (or designee) participation in Trauma Medical Directors Committee meetings* *(2.1)***			
		Trauma Medical Director (or designee) attend 3-4 of 4 meetings	2		
		Trauma Medical Director (or designee) attend 2 of 4 meetings	1		
		Trauma Medical Director (or designee) attend 1 of 4 meetings	0.5		
		Trauma Medical Director (or designee) attend 0 of 4 meetings	0		
		Trauma Program Manager (TPM) Participation			
#5	**2**	**TPM (or designee) participation in Georgia Committee for Trauma Excellence (GCTE) meetings.* *(2.1)***			

		Trauma Program Manager (or designee) attend 3-4 of 4 meetings	2		
		Trauma Program Manager (or designee) attend 2 of 4 meetings	1		
		Trauma Program Manager (or designee) attend 1 of 4 meetings	0.5		
		Trauma Program Manager (or designee) attend 0 of 4 meetings	0		
#6	**1**	**TPM (or designee) in-person participation at GQIP Summer 2026 *AND* Winter 2027 meetings *(2.1)***			
		Trauma Program Manager (or designee) attend 2 of 2 in-person GQIP meetings	1		
		Trauma Program Manager (or designee) attend 1 of 2 in-person GQIP meetings	0.5		
		Trauma Program Manager (or designee) attend 0 of 2 in-person GQIP meetings	0		
#7	**1**	**Participation by at minimum ONE trauma program staff member in LIII/IV Rural Committee meetings* *(2.1)***			
		Trauma Program Staff attend 3-4 of 4 meetings	1		
		Trauma Program Staff attend 2 of 4 meetings	0.75		
		Trauma Program Staff attend 1 of 4 meetings	0.5		
		Trauma Program Staff attend 0 of 4 meetings	0		
#8	**0**	**Peer Review Committee attendance at 50% for all Peer Review Committee required members. ** *(7.6)***			**ACS CRITERIA**
		Yes	0		
		No	0		
#9	**3**	**Record closure rate demonstrated at 80% within 60 days. Report submitted with quarterly GQIP data download. *(6.2)***			
		Yes	3		
		No	0		
#10	**2**	**Data downloads to GQIP central site completed within 10 business days of due date as published on GQIP Data Resources Webpage*** **			**GQIP**
		Yes	2		
		No	0		
#11	**0**	**Trauma registry professional demonstrate evidence of one of the following courses: AIS 2015, Trauma Registry Course, or ICD-10 course * or if completed, demonstrate 8 hours of continuing education. ***			
		Yes	0		
		No	0		
	17%	**Total at Risk % Level IV Trauma Centers**			

I, the undersigned, certify that this Scorecard is an accurate description of the actions, tasks, obligations and responsibilities of the above named Programs as agreed upon in the Agreement.

Trauma Center:

Trauma Program Manager Signature

Trauma Program Manager Printed Name

Trauma Medical Director Signature

Trauma Medical Director Printed Name

*Compliance timeframe defined as fiscal year: July 2026-June 2027. Meeting cancellations are awarded as credit.
**Per the 2022 Published "Optimal Resources for Care of the Injured Patient"
*** GQIP Data Resources: https://trauma.georgia.gov/gqip/gqip-data-resources
****TQIP Data Submission Schedule: https://www.facs.org/quality-programs/trauma/quality/trauma-quality-improvement-program/level-i-and-ii-tqip/calendar/
New or Updated Criteria

ATTACHMENT C

EXHIBIT 5

Funding Suspension and Restoration
Following DPH Current Level Designation Loss Impact on Readiness Funding

Letter of No Verification Dated:	FY 2027 Funding	FY2028 Funding	FY 2029 Funding Contingent on Commission Receipt of Verification Letter By	Approx time Lapse from Loss of Funding to Restoration of Funding
Jul 1 – 31, 2026	Yes	No	June 30, 2028	24 Months
Aug 1 – 31, 2026	Yes	No	June 30, 2028	23 Months
Sep 1 – 30, 2026	Yes	No	June 30, 2028	22 Months
Oct 1 – 30, 2026	Yes	No	June 30, 2028	21 Months
Nov 1 – 30, 2026	Yes	No	June 30, 2028	20 Months
Dec 1 – 30, 2026	Yes	No	June 30, 2028	19 Months
Jan 1 – 31, 2027	Yes	No	June 30, 2028	18 Months
Feb 1 – 28, 2027	Yes	No	June 30, 2028	17 Months
Mar 1 – 31, 2027	Yes	No	June 30, 2028	16 Months
Apr 1 – 30,2027	Yes	No	June 30, 2028	15 Months
May 1 – 31, 2027	Yes	No	June 30, 2028	14 Months
Jun 1 – 30, 2027	Yes	No	June 30, 2028	13 Months
Jul 1 – 31, 2027	Yes	No	June 30, 2028	12 Months
Aug 1 – 31, 2027	Yes	No	June 30, 2028	11 Months
Sep 1 – 30, 2027	Yes	No	June 30, 2028	10 Months
Oct 1 – 30, 2027	Yes	No	June 30, 2028	09 Months
Nov 1 – 30, 2027	Yes	No	June 30, 2028	08 Months
Dec 1 – 30, 2027	Yes	No	June 30, 2028	07 Months
Jan 1 – 31, 2028	Yes	No	June 30, 2028	06 Months
Feb 1 – 28, 2028	Yes	No	June 30, 2028	05 Months
Mar 1 – 31, 2028	Yes	No	June 30, 2028	04 Months
Apr 1 – 30,2028	Yes	No	June 30, 2028	03 Months
May 1 – 31, 2028	Yes	No	June 30, 2028	02 Months
Jun 1 – 30, 2028	Yes	No	June 30, 2028	01 Months
Jul 1 – 31, 2028	Yes	No	June 30, 2028	00 Month

Attachment D

EXHIBIT 7

FY 2027 APPROVED BUDGET AND AMENDMENT RENEWAL FORM

TRAUMA CENTER	AGREEMENT NUMBER
TRAUMA CENTER CONTACT NAME	

PROGRAMS	APPROVED BUDGET
Performance-Based Payment Readiness Program Based on Scorecard Submitted in FY 2025 Results	
Non Performance-Based Readiness Program Funding	
Registry Support Program Funding	
TOTAL	