



**FULTON
COUNTY**

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

CONTRACT AGREEMENT

THIS AGREEMENT (“Agreement”), entered into this **1st day of January 2025**, by and between **FULTON COUNTY**, Georgia (hereinafter referred to as “Fulton County” or “County”), a political subdivision of the State of Georgia, acting by and through its Community Development Department’s Youth and Community Services Division (“YCS”), and **Center for Black Women's Wellness** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the “Parties”).

WITNESSETH

WHEREAS, as part of its official functions, Fulton County is authorized to exercise the power of taxation pursuant to Art. IX, Section IV., Par. I of the Constitution of the State of Georgia of 1983, and to expend such funds raised by the exercise of said powers for public purposes as declared in Art. IX, Section IV., Par. II of the Constitution; and

WHEREAS, Contractor has in its employ personnel, and under its supervision, facilities and resources by which it can render to Fulton County and the citizens thereof certain services authorized by the aforementioned Constitutional provision; and

WHEREAS, Contractor has agreed to render services to the citizens of Fulton County, and the County has appropriated funds for those services; and

WHEREAS, the parties desire to execute a formal agreement for the services to be rendered by Contractor, and said services shall be defined, and consideration to be paid for such services by Fulton County for the successful performance of the services, and shall be enumerated.

The Agreement was approved by the Fulton County Board of Commissioners on **May 21, 2025, BOC#25-0398**.

NOW, THEREFORE, in consideration of the premises, payment of the sum hereinafter set forth and the performance of the services described herein, it is mutually agreed as follows:

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ARTICLE I - PARTIES AND TERM:

(a) Fulton County, through its YCS, retains Contractor, and Contractor accepts retention by Fulton County to render the services as hereinafter defined and required; to perform such services in a manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

(b) The Chairperson of the Board of Directors for the Contractor or authorized representative (hereinafter "Board Chair") represents that she/he is authorized to bind and enter into contracts on behalf of Contractor, including this Agreement.

(c) Nothing contained in this Agreement shall be constructed to be a waiver of Fulton County's sovereign immunity or any individual's official or qualified good faith immunity.

(d) This Agreement will remain in effect from **01/01/2025**, until midnight **12/31/2025**.

(e) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis under this Agreement whenever necessary, in the sole opinion of Fulton County, to avert a life threatening situation or other sufficiently serious deficiency.

ARTICLE II - SCOPE OF CONTRACTOR'S DUTIES:

Upon execution of this Agreement, the Contractor will provide the following services for Fulton County:

SCOPE OF WORK:

Community Services Program (CSP)

CSP Service Category: Health and Wellness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Prevent illness and health disparities by educating and connecting individuals to available resources, 2. Programs addressing mental health depression stress trauma and anxiety among individuals, 5. Programs focusing on financial literacy and wellness

Homelessness: Not Applicable

Senior Services: Not Applicable

Center for Black Women's Wellness, CBWW 2025 Wellness Program will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

Start and end date of programming for which CSP funds will be used:

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Center for Black Women's Wellness	477 Windsor Street SW, Suite 309	Atlanta	GA	30312	5	4,5,6

Approach and Design:

Center for Black Women's Wellness, CBWW 2025 Wellness Program will provide services to **650** clients that reside in Fulton County, with CSP funding.

Center for Black Women's Wellness, CBWW 2025 Wellness Program **will provide the following activities and services in Fulton County with CSP funding:**

Expanding Health and Wellness Services in Fulton County

The Center for Black Women's Wellness (CBWW) is committed to improving health outcomes for underserved residents in Fulton County by providing comprehensive healthcare services that address chronic disease, maternal health, mental health, and breast and cervical cancer prevention. The proposed program aligns with the Fulton County Community Services Program (CSP) funding priorities and directly supports the county's Health and Human Services Key Performance Indicators (KPIs). Through a holistic approach that combines medical care, health education, and community partnerships, CBWW seeks to eliminate health disparities, promote disease prevention, and increase access to quality healthcare services.

Specific Activities and Services Supporting CSP Funding Priorities

CBWW will implement a series of targeted interventions designed to address the most pressing health needs in the community. One of the primary areas of focus will be the Women's Health and Preventive Care Program, which provides low-cost and free gynecological services, including Pap tests, clinical breast exams, and mammograms to ensure early detection and prevention of cancers. Through an expanded medical clinic with four fully equipped exam rooms, CBWW will increase the number of patients served, offering primary care, chronic disease management, and screenings for conditions such as hypertension and diabetes.

A critical component of our programming will be mental health support services. Many individuals in our target community experience chronic stress, anxiety, and depression but face barriers to care due to stigma, financial constraints, or lack of providers who understand their unique experiences. CBWW will continue integrating mental health screenings, individual therapy, and group counseling sessions into its services. By working with contracted therapists and partnering with Odyssey Family Counseling Center and Impact Therapy, we will offer maternal mental health support and behavioral health services both in-person and via telehealth to remove barriers to care.

CBWW will also address chronic disease prevention and management by providing a chronic disease management program and lifestyle change programs that will include education, individualized support, and guidance on sustainable lifestyle changes related to nutrition and physical activity to help participants prevent and manage their chronic conditions. Additionally, individuals diagnosed with hypertension will receive individualized care management, including medication adherence support, self-monitoring techniques, and lifestyle modification plans. Patients needing specialty care or additional resources will be referred to partner organizations such as Piedmont Hospital and Northside Hospital.

Beyond medical care, CBWW will continue its highly successful Sex Ed Series, which launched in 2023 and was expanded in Winter 2024. This year's series was attended by 336 community members, covering a wide range of topics such as Periods and Menopause (126 attendees), Sex & the Internet (87 attendees), Men's Sex Ed (88 attendees), Intimacy during Pregnancy and Postpartum (16 attendees), and LGBTQ+ Sex Ed (19 attendees). More than 68.8% of participants reported increased knowledge about sexual health and wellness after the sessions. Due to the overwhelming demand and success of the program, CBWW plans to expand the series in Summer 2025 with a heightened focus on HIV/STD prevention, leveraging collaborations with organizations such as GCAPP, Morehouse School of Medicine, and the Georgia Department of Public Health.

The impact of CBWW's education efforts was further recognized at the GCAPP Sex Ed Summit (July 17, 2024), where we presented on our Breast and Cervical Cancer Prevention (BCCP) program and how the Sex Ed Series has been successfully integrated into our broader community health initiatives.

Implementation Strategies

To effectively accomplish these goals, CBWW will employ a multi-faceted implementation strategy that incorporates a mix of paid healthcare professionals, volunteer providers, community outreach, and technology-driven services. Our expanded medical clinic space with four exam rooms will allow for increased patient capacity, ensuring that more individuals have access to high-quality healthcare. Additionally, our partnership with Giving Health will provide telehealth services, offering 24/7 access to licensed medical providers to improve healthcare accessibility for patients facing transportation or scheduling barriers.

To address mental health concerns, CBWW will train its clinical staff to conduct routine depression screenings, ensuring that individuals showing signs of mental health distress are immediately referred to our Mental Health Advocate for linkage to appropriate care. By integrating mental health services with primary care, CBWW aims to create a seamless, whole-person approach to health and wellness.

Finally, CBWW will expand its community-based partnerships to enhance service delivery and maximize the program's reach. Through collaboration with Piedmont Hospital, Northside Hospital, GCAPP, SisterLove, Odyssey Family Counseling, Impact Therapy, and CORE Response, CBWW will strengthen access to healthcare services, increase educational outreach, and improve health outcomes for vulnerable populations.

Alignment with Fulton County Health and Human Services Key Performance Indicators

CBWW's proposed programming aligns with key performance indicators established by Fulton County's Health and Human Services Department. Our services will directly contribute to the following measurable outcomes:

1. Prevent Illness by Engaging in Healthier Behaviors
 - Improve maternal and infant health outcomes by reducing the percentage of live births with low birth weight.
 - Increase the number of residents reporting annual cancer screenings.
2. Prevent Health Disparities by Educating Residents and Connecting Them to Resources
 - Reduce the number of uninsured adults and children by providing low-cost and free medical care.
 - Address food insecurity by linking at-risk families to nutrition education and food resources.
 - Increase the number of residents receiving behavioral health services by integrating mental health support within primary care settings.

Alignment with CSP Funding Priorities

CBWW's program addresses multiple CSP funding priorities, including:

1. Preventing illness and health disparities by educating and connecting individuals to available resources.

2. Providing mental health services to individuals facing depression, stress, trauma, and anxiety.

Community Collaborative Relationships

CBWW's ability to address these pressing health concerns is strengthened through strategic community partnerships, including:

- Piedmont Hospital – Provides lab services for clinic patients.
- Northside Hospital – Offers mobile mammography screenings and specialty care referrals.
- Odyssey Family Counseling Center & Impact Therapy – Deliver mental health and maternal mental health services.
- SisterLove – Supports HIV/AIDS education, prevention, and referrals.
- GCAPP, Morehouse School of Medicine, & DPH – Assist with sex education programming.
- CORE Response – Facilitates COVID-19 vaccination efforts.
- Helping Mamas – Provides infant supplies for new mothers.
- Atlanta Center for Self-Sufficiency – Offers employment readiness services for economically vulnerable individuals.
- Nurse on Wheels- Provides mental health support (medication management)

Through this comprehensive approach, CBWW is poised to significantly impact health equity in Fulton County, ensuring that underserved communities receive the medical care, education, and resources needed to thrive. With continued CSP funding, CBWW can expand its reach and remain a trusted provider of quality, community-based healthcare services.

Designation of CSP Funds:

Based on the awarded amount of **\$45,000.00**, the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

Administrative Expenditures CSP funds that are spent on indirect personnel expenses such as salaries, salary fringe, and benefits for executive / management, accountant, administrative support, etc. Includes direct and indirect charges for administration of the grant (**Note: Not more than 5% of total grant award can be used for administrative costs.**)

Operational Expenditures- CSP funds used to conduct agency/ organizational functions that are secondary to program service delivery such as: auditor, grant writer, consultants, insurance office/warehouse lease or mortgage expenses, office supplies (pens, toner, paper, etc.), agency's utility expenses, staff transportation expenses, marketing/catalogs, etc. Not to include indirect or direct personnel expenses. (**Note: Not more than 25% of total grant award can be used for operational expenditures.**)

Direct Service Expenditures- CSP funds utilized to provide services directly to agency/program participants such as payments made on behalf of participants for rent, utilities, food, shelter, transportation (rentals, gas, and parking, bus drivers, participant's public transportation costs, etc.), scholarships and day care vouchers, salaries and fringe benefits for direct service personnel (Case Managers, Educators, Subcontractors, etc.), program supplies (educational/instructional materials, paper, pencils, markers, etc.) directly consumed by participants. Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

Throughout the contract period, program expenditures will be monitored (via performance reports) to ensure that funding is utilized

as contracted.

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$1,522.80
Operational (25% Operational max of total funds awarded.)	\$3,390.29
Direct Services	\$40,086.91
<i>Total</i>	\$45,000.00

Explanation of Funding Details:

CBWW will spend funds in the following manner:

Direct Services				
	FTE	Total	Fringe	Total with Fringe
Wellness Clinic Manager	0.07	\$ 4,860.00	\$ 972.00	\$ 5,832.00
Wellness Program Manager	0.05	\$ 3,766.50	\$ 753.30	\$ 4,519.80
Wellness Program Coordinator	0.09	\$4,949.99	\$ 990.00	\$ 5,939.99
Wellness Program Associate	0.09	\$ 4,697.99	\$ 939.60	\$ 5,637.59
Outreach Specialist	0.07	\$ 2,565.00	\$ 513.00	\$ 3,078.00
Outreach Coordinator	0.07	\$ 3,847.52	\$ 769.50	\$ 4,617.03
Totals		\$24,687.01	\$ 4,937.40	\$29,624.41
Program Supplies				\$ 1,125.00
Participant Travel				\$ -
Clinic Lab Supplies				\$ 2,250.00
WESSP Consultants				\$ 7,087.50
Total Direct Services				\$ 40,086.91
Administrative				
Jemea Dorsey	0.005	\$ 594.00	\$ 118.80	\$ 712.80
Jeanetta Johnson	0.009	\$ 675.00	\$ 135.00	\$ 810.00
Total Admin				\$ 1,522.80
Operational				
Rent				\$ 1,215.00
Cleaning				\$ 729.00
Single Audit				\$ 675.00
Staff Transportation				\$ 163.79
Marketing				\$ 607.50
Total Operational				\$ 3,390.29

TOTAL GRANT REQUEST				\$45,000
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Direct Service:

\$1,125 for program supplies, including health education materials, pens, markers, outreach materials etc. directly needed for project (\$93.75/month x 12 months)

\$2,250 for lab supplies needed for preventative screenings and blood tests needed for chronic disease management

\$7,087.50 for consultant fees and program supplies to teach financial literacy cohort

Wellness Program Manager (5% FTE and fringe, \$4,519.80)

Clinic Manager (7% FTE and fringe, \$5,832.00)

Wellness Program Coordinator (9% FTE and fringe, \$5,939.99)

Mental Health Advocate (9% FTE and fringe, \$5,637.59)

Outreach Specialist (7% FTE and fringe, \$3,078)

Outreach Coordinator (7% and fringe, \$4,617.03)

Total Direct Services: \$40,086.91

Administrative:

Executive personnel @ 0.5% FTE and fringe for grant and contract oversight = \$712.80

Fiscal manager @ 1% FTE and fringe for financial reporting = \$810.00

Total Administrative: \$1,522.80

Operational:

\$1,215 for rent costs. CBWW leases 4,400 of space @ \$11/square foot.

\$729 for cleaning services necessary for clinic operations and patient care (\$60.75/month x 12 months)

\$675 for single audit to ensure financial compliance

\$163.79 for staff transportation for program staff to conduct community-wide health education, outreach services, and partnership activities (estimated at 11 miles/month x 2 staff x 12 months @ .625/mile)

\$607.50 for marketing, to advertise and promote services through flyers, ads, and social media to aid in recruitment and enrollment (\$51/month).

Total Operational: \$3,390.29

We plan to expend funds in the following manner:

January – June: \$38,250

July – December: \$6,750

Program Performance Measures:

Center for Black Women's Wellness agrees to track and report program performance to the **Fulton County Department of Community Development**.

County Defined Performance Measure(s):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Number of individuals connected to available resources to help mitigate illness and health disparities, 2. Number of individuals receiving referrals to behavioral health and other supportive services, 3. Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures, 4. Number of individuals participating in programs focusing on financial literacy and wellness

Homelessness: Not Applicable

Senior Services: Not Applicable

The following program measures/ Key Performance Indicators (“KPI’s”) will be utilized to track and report program outcomes for the Fulton County residents supported with CSP funding, during the funding period 01/01/2025 through 12/31/2025:

The Center for Black Women’s Wellness (CBWW) is proud to be a valued partner in the Fulton County CSP program, aligning with **four of the five (80%) County Funding Priorities** in the **Health and Wellness** target area. Additionally, CBWW contributes to **four of the seven (57%) County-defined performance measures**, representing a significant portion of the county’s overall goals for improving health outcomes. By providing accessible, high-quality healthcare services, CBWW plays a critical role in advancing health equity, reducing disparities, and ensuring that historically underserved populations receive the care and support they need.

Methods Used and Specific Goals to Be Obtained

CBWW’s primary objective is to **increase access to healthcare services** for individuals who might otherwise face barriers due to financial hardship, lack of insurance, or systemic health disparities. Funding from the CSP grant will be used to link **new patients to primary and preventive care services** provided through CBWW’s clinic and partner organizations. To promote **holistic health and wellness**, every patient will receive a **depression screening** and be connected to **on-site behavioral health services** as needed.

To address chronic disease management, CBWW will expand **case management services** for patients diagnosed with **hypertension, diabetes, and elevated cholesterol levels**. These individuals will receive **individualized care plans**, ongoing medical monitoring, and **self-management education** to promote long-term wellness. CBWW will also strengthen its **behavioral health services** by offering **one-on-one therapy, group counseling, and psychiatric referrals** in collaboration with community mental health partners. Additionally, to promote **economic empowerment**, CBWW will provide **micro-enterprise development training**, including **financial literacy education, life skills coaching, business development support, and technical assistance**, helping individuals achieve financial stability as part of their overall wellness journey.

CBWW is committed to **data-driven decision-making** and will **routinely collect and analyze performance metrics** to assess the program’s impact. The **Wellness Program Manager and Program Coordinator** will oversee goal tracking and progress evaluation. With support from the **Clinic Manager and Data Coordinator**, they will compile **patient experience data, service utilization rates, and health outcome measures** to guide program improvements. This data will be regularly reviewed by key staff to identify opportunities for **program modifications, quality enhancements, and increased efficiency** in service delivery.

Major Milestones and Supporting Schedule

Goal	Benchmarks/Milestones	Timeline
Number of individuals connected to available resources to help mitigate illness and health disparities	<ol style="list-style-type: none"> 1. Increase access to health services to 650 patients 2. Number of new patients recruited to receive health care services 	January 2025 – December 2025
Number of individuals receiving referrals to behavioral health and other supportive services	<ol style="list-style-type: none"> 1. Increase access to behavioral health services to 40 patients, 2. Strengthen external partnerships for behavioral health services 3. Increase rate of improved scores on the PHQ-9 by 75% of patients who attend three or more individual therapy sessions 	January 2025 – December 2025
Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures	<ol style="list-style-type: none"> 1. Number of indigent patients receiving primary care 2. Percent of patients receiving chronic disease management who have improved quality of life measures 	January 2025 – December 2025
Number of individuals participating in programs focusing on financial literacy and wellness	<ol style="list-style-type: none"> 1. Provide financial literacy educational opportunities 	January 2025 – December 2025

Data Collection Tools/Resources

CBWW will utilize its electronic medical records system to track the number of patients receiving healthcare services; demographic information on all patients; and health outcomes. CBWW will also track the number of volunteers recruited and retained, patient satisfaction survey data, and attendance logs for health promotion events.

-Surveys

-Electronic Health Records

-Attendance Logs

2025 County Defined Performance Measures:

-Number of individuals connected to available resources to help mitigate illness and health disparities.

-Number of individuals receiving referrals to behavioral health and other supportive services.

-Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures.

-Number of individuals participating in programs focusing on financial literacy and wellness

Agency Defined Performance Measure(s):

The Center for Black Women's Wellness (CBWW) is committed to delivering high-impact, measurable health interventions that improve patient outcomes and community well-being. To ensure continuous improvement and accountability, CBWW has identified the following agency-defined performance measures to track progress and enhance service delivery:

1. **Expand Access to Preventive Healthcare Services:** CBWW aims to increase by 15% the number of adults who receive evidence-based clinical preventive services. This includes screenings for diabetes, hypertension, high cholesterol, and cancer, as well as preventive interventions such as vaccinations, health education, and annual wellness exams. By expanding clinic hours, increasing outreach efforts, and leveraging telehealth services, CBWW will ensure more individuals access the preventive care they need to maintain long-term health.
2. **Improve Hypertension Management and Patient Outcomes:** Recognizing the disproportionate impact of hypertension on Black communities, CBWW will work to increase by 15% the percentage of patients who have controlled blood pressure through comprehensive clinical care, patient education, and enhanced information management systems. Patients will receive individualized care plans, medication adherence support, and self-monitoring tools to track their progress. Through regular follow-ups and collaboration with healthcare providers, CBWW will ensure that more patients effectively manage their blood pressure, reducing their risk of stroke, heart disease, and other complications.
3. **Enhance Mental Health Outcomes:** Mental health is a critical component of overall well-being, and CBWW is dedicated to ensuring that clients receive the support they need. As part of its behavioral health initiative, CBWW aims for at least 75% of clients receiving individual therapy to report improved mental health status. Progress will be measured through self-reported mental health assessments, clinical evaluations, and structured patient feedback surveys. By integrating trauma-informed therapy, group counseling, and psychiatric referrals, CBWW will create a supportive environment where clients can achieve significant mental health improvements.

These performance measures reflect CBWW's ongoing commitment to delivering high-quality, data-driven, and patient-centered care. Through continuous evaluation and program refinement, CBWW will ensure that its services remain effective, accessible, and responsive to the evolving needs of the Fulton County community.

ADDITIONAL REQUIREMENTS

Failure to adhere to the terms of this Agreement, in addition to the requirements listed below, may result in one or all of the following; delayed disbursement or total loss of awarded funds, and / or ineligibility to receive an RFP award during the next funding cycle.

1. Contractor agrees to develop, in conjunction with Fulton County, a process of accepting and serving Fulton County residents referred by the Youth and Community Services Division of Fulton County Government.
2. As consideration for the County providing funding and the non-profit entity accepting same, the non-profit entity shall, upon the County's request, participate in County-sponsored events and activities on County property, when feasible. The non-profit agency shall use its best efforts to comply with the County's request provided that it is given at least one week's notice to do so. Failure to participate will be taken into consideration for future funding requested by the non-profit entity.

3. Contractor agrees to allow staff from the Fulton County Department of Community Development to conduct contract compliance site visits as necessary (announced or unannounced).
4. During the site visit, Contractor will be required to allow staff to monitor programming, as well as review client rosters / sign-in sheets and/ or Registration information that should include complete addresses of Fulton County residents served by this funding.
5. Contractor agrees to comply with the Operational Specifications outlined in **2025 Community Services Program 25RFP020325C-MH**.
6. Contractor agrees that advertising, promotions and other publicity in connection with the supported program(s) shall include the following acknowledgment: **“Funding provided in part by the Fulton County Board of Commissioners under the guidance of the Department of Community Development.”**

Note: If your agency uses logos versus text, you may substitute the language above with the Fulton County Logo.

Reporting

It is the Contractor’s responsibility to ensure accurate reporting of all information contained in the performance reports. Reports and supportive documentation that consistently include erroneous/ inaccurate data may result in a required reimbursement of funding and/or may negatively impact future funding.

7. Contractor will be required to submit completed performance reports (with deadlines of **(July 18, 2025, and January 16, 2026)**) to adhere to the requirements outlined in the Performance Report Instructions, as well as the format provided by the Fulton County Department of Community Development. Future funding will be affected if performance reports are not submitted by stipulated due dates.
8. Contractor will be required to provide demographic information concerning the Fulton County residents served, including, but not limited to age, race/ethnicity and gender.
9. Contractor will be required to report the number of UNDUPLICATED/NEW participants directly served through the Community Services Program funding. **Please note:** Failure to serve the total number of participants contracted to be served with CSP funding may result in reimbursement of CSP funding to Fulton County. Failure to reimburse the funding requested will result in the ineligibility to receive future funding.
10. Contractor will be required to submit unduplicated client rosters in a spreadsheet format that includes the complete residential addresses of the Fulton County residents served with CSP funding, and LEDGERS demonstrating how Community Services Program funds were expended for the specified reporting period.

Expenditure of Funds

11. Contractor is prohibited from utilizing CSP funds for capital expenditures. (A “capital expenditure” is defined as: any resource not completely consumed during the contract year, i.e. computers, printers, construction, vehicles, cell phones, etc.) Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are excluded from the definition of “capital expenditure” (e.g., children's story books, educational materials, games, puzzles, and flash cards).
12. Community Services Program funds must be expended by December 31st of the contract year. All funds that are not spent by this date must be reimbursed to Fulton County Government within 30 days of written request. A Contractor’s failure to adhere to this requirement will result in one or more of the following: inability to receive future funding from Fulton County, and/or legal action against the agency to recoup funding that are not reimbursed by the deadline.

ARTICLE III - COMPENSATION FOR SERVICES

(a) Fulton County agrees to pay Contractor a maximum sum of **\$45,000.00**.

(b) Upon receipt and approval of Contractor's invoice delineating projected expenditures for the first six months of the contracting period. Upon receipt and approval of said invoice, County shall pay Contractor the first six months of compensation provided for by this Agreement. The Contractor shall provide Fulton County with a second invoice delineating projected expenditures for the remaining six months of the Agreement Term. Upon receipt and approval of said invoice, Fulton County shall pay Contractor the second six months of compensation provided by this Agreement. **A failure by Contractor to submit the invoice for the first and/ or second six months of the contracting period will constitute a breach of this Agreement.**

(c) If through any cause, Contractor shall fail to fulfill its obligation under this Agreement in a timely and proper fashion or in the event that any of the provision or stipulations of this Agreement are violated by Contractor, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon Contractor of Fulton County's intent to suspend or terminate this Agreement. If the Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving only the compensation for work performed in a manner satisfactory to Fulton County up to and including the date of the written termination notice.

(d) The Contractor agrees and understands that all expenditures must be consistent with the scope and purpose of this Agreement, and expenditures must be consistent with the guidelines and definitions established in **2025 Community Services Program 25RFP020325C-MH**, which is hereby incorporated by reference herein and made a part of this agreement. The County reserves the right to approve and reject payment for expenditures which are not consistent with the scope and purpose of this Agreement, and which the County determines are not consistent with the guidelines and definitions established in the Community Services Program RFP.

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

ARTICLE IV - RECORD KEEPING

(a) Contractor shall maintain accurate records of the expenditure and disposition of funds, and such records must be in accordance with good accounting practices, and made available for inspection and audit by Fulton County at a time mutually agreeable to parties and upon thirty (30) days' notice to contractor.

(b) All reports and communications, with supportive documentation consistent with contract provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

(c) A performance report, with supportive documentation consistent with provisions of the Agreement outlined in Article II, must be provided to Fulton County no later than **July 18, 2025 for the period January 1, 2025-June 30, 2025; and January 16, 2026 for the period July 1, 2025-December 31, 2025.**

(d) Contractor shall be responsible for sending staff representation to mandatory meetings that will be sponsored by the Fulton County Department of Community Development. Contractor will be notified in advance of said meetings.

(e) All notices, program reports and other communications required to be given under this Contract shall be sufficient if in writing and either delivered via e-mail, personally or sent by postage, prepaid, certified or registered United States mail, return receipt requested, or e-mail addressed as follows:

To Fulton County:

Department of Community Development
c/o: Youth and Community Services Division
hsd.grants@fultoncountyga.gov
137 Peachtree Street, SW
Atlanta, Georgia 30303

To Contractor:

Center for Black Women's Wellness
477 Windsor Street SW, Suite 309
Atlanta, Georgia 30312

The Parties may only modify or update the above-referenced addresses during the term of this Agreement by providing formal notice to the other party of such a change pursuant to the terms of this provision.

(f) Contractor understands and agrees that, upon Fulton County's determination that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement upon written notice to Contractor. Contractor further understands and agrees that if Fulton County determines that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County may request, and the Contractor shall provide, any and all additional reports, records or documentation Fulton County deems necessary to evaluate, assess and/or measure Contractor's overall level of performance under this Agreement, including Contractor's performance at other delivery sites.

ARTICLE V - INDEMNIFICATION

Contractor hereby covenants and agrees to indemnify and hold harmless Fulton County, its Commissioners, officers, and employees from all claims, losses, liabilities, damages, deficiencies, demands, judgments, or costs (including without limitation reasonable attorney's fees and legal expenses) suffered or occurred by such party, whether arising in tort, contract, strict liability or otherwise, including without limitation, personal injury, wrongful death or property damage arising in any way from the actions or omissions of Contractor, its directors, officers, employees, agents, successors and assigns in connection with its acceptance, or the performance, or nonperformance of its obligations under this Agreement; provided, however, that nothing herein shall be construed to preclude the Contractor from bringing suit against the County for breach of the terms of this Agreement.

ARTICLE VI – TERMINATION OF AGREEMENT FOR COUNTY'S CONVENIENCE AND FOR CAUSE

(a) This Agreement is effective on **01/01/2025**, and shall terminate on **12/31/2025**, unless earlier terminated in accordance with the provisions of this Agreement. Notwithstanding termination of the Agreement, Contractor is obligated to fulfill all of its obligations, including its reporting requirements.

(b) Notwithstanding the above provisions, Fulton County may terminate this Agreement for convenience, or Fulton County or the Contractor may terminate this Agreement at any time for any reason by giving written notice of the intent to terminate the Agreement thirty (30) days in advance, by certified mail, return receipt requested, with proper postage prepaid, or by hand delivery, to the other party at the physical address provided herein for notice. The termination shall become effective on the thirtieth (30th) day after the date of such written notice unless the parties otherwise agree in writing. If this Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving compensation for the work satisfactorily performed up to and including the effective date of termination.

(c) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis whenever necessary, in the opinion of Fulton County, to avert a life threatening situation or other sufficiently serious risk.

(d) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to request repayment in full of all compensation paid to Contractor pursuant to Article III of this agreement. If Fulton County exercises its right under this subsection, Contractor agrees to and shall repay Fulton County all compensation paid to Contractor pursuant to Article III of this Agreement.

(e) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to terminate this Agreement between Fulton County and Contractor without penalty. Contractor acknowledges and agrees that Fulton County's right to terminate includes, but is not limited to, the right to withhold any and all future compensation due to Contractor pursuant to the terms of any and all other agreements between Fulton County and Contractor.

(f) In the event that this Agreement is terminated by Fulton County or Contractor, following Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this Agreement, Contractor agrees that it shall not be eligible to either enter or to apply to enter into future contracts with Fulton County until it has addressed any and all areas of deficiency or non-compliance to Fulton County's satisfaction.

ARTICLE VII - INDEPENDENT CONTRACTOR STATUS

(a) Nothing contained herein shall be deemed to create any relationship other than that of an independent contractor between Fulton County and Contractor. Under no circumstances shall Contractor, its directors, officers, employees, agents, successors or assigns be deemed employees, agents, partners, successors, assigns or legal representatives of Fulton County.

Contractor acknowledges that **Center for Black Women's Wellness**, its directors, officers, employees, agents and assigns shall have no right of redress pursuant to the Personnel Rules and Regulations of Fulton County.

(b) The Contractor shall pay all sales, retail, occupational, service, excise, old age benefit and unemployment compensation taxes, consumer, use and other similar taxes, as well as any other taxes or duties on the materials, equipment, and labor for the work provided by the Contractor which are legally enacted by any municipal, county, state or federal authority, department or agency at the time bids are received, whether or not yet effective. The Contractor shall maintain records pertaining to such taxes as well as payment thereof and shall make the same available to Fulton County at all reasonable times for inspection and copying. The Contractor shall apply for any and all tax exemptions which may be applicable and shall timely request from Fulton County such documents and information as may be necessary to obtain such tax exemptions. Fulton County shall have no liability to the Contractor for payment of any tax from which it is exempt.

ARTICLE VIII - INSURANCE

Contractor agrees to obtain, maintain and furnish to Fulton County, a Certificate of Insurance (COI) showing the required coverage during the entire term of this Agreement. All insurance limits are listed in the "Insurance and Risk Management Provisions" document, Attachment "A", with Fulton County, Georgia added as an "Additional Insured". The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

ARTICLE IX – AMENDMENTS AND MODIFICATIONS TO CONTRACT

(a) This Agreement constitutes the entire agreement between Fulton County and Contractor, and there are no further written or oral agreements with respect thereto, no variations, amendments or modifications of this Agreement, and no waiver of its provisions, shall be valid unless in writing and signed by Fulton County's and Contractor's duly authorized representatives.

(b) Modifications or amendments which require a change in compensation level must be approved by the Fulton County Board of Commissioners and Contractor; other modifications, amendments or variations may be agreed to in writing, between the Contractor and the Contract Administrator when the amount of this Agreement and its Term remain unchanged.

ARTICLE X - SUBCONTRACTING

Contractor shall not subcontract any part of the work covered by this Agreement or permit subcontracted work to be further subcontracted without prior written approval of Fulton County.

ARTICLE XI - ASSIGNABILITY

Contractor shall not assign or subcontract this Agreement or any portion thereof without the prior expressed written consent of Fulton County. Any attempted assignment or subcontracting by Contractor without the prior expressed written consent of Fulton County shall at the County's sole option terminate this Agreement without any notice to Contractor of such termination. Contractor binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

ARTICLE XII - SEVERABILITY OF TERMS

If any part or provision of this Agreement is held invalid the remainder of this Agreement shall not be affected thereby and shall continue in full and effect.

ARTICLE XIII – PRECEDENCE OF AGREEMENT

In the event that any language in the Department of Community Development's Community Services Program RFP is in conflict with the language in this Agreement, this Agreement shall take precedence.

ARTICLE XIV - EQUAL EMPLOYMENT OPPORTUNITY

In accordance with Fulton County Code Sections 102-391 (Equal Opportunity Clause) and 154-3 (Policy of Equal Opportunity): (a): During the performance of this Agreement, the Contractor agrees as follows:

(1) The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, national origin, or disability. As used herein, the words "shall not discriminate" shall mean and include without limitations the following:

Recruited, whether by advertising or other means; compensated, whether in the form of rates of pay, or other forms of compensation; selected for training, including apprenticeship; promoted; upgraded; demoted, downgraded; transferred; laid off; and terminated.

The Contractor agrees to and shall post in conspicuous places, available to employees and applicants for employment,

notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

(2) The Contractor shall in solicitation or advertisement for employees, placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, sexual orientation, national origin, or disability.

(3) The Contractor shall send to each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under the Equal Opportunity Program of Fulton County and under this Article, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The Contractor and its subcontractors, if any, shall file Compliance Reports at reasonable times and intervals with Fulton County in the form and to the extent prescribed by the director. Compliance Reports filed at such times as directed shall contain information as to the employment practices, policies, programs and statistics of the Contractor and its subcontractors.

(5) The Contractor shall include the provisions of paragraphs (1) through of this equal employment opportunity clause and every subcontractor purchase order so that such provision shall be binding upon each subcontractor.

ARTICLE XV - CAPTIONS

The captions are inserted herein only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Agreement or the intent of the provisions thereof.

ARTICLE XVI - GOVERNING LAW

This Agreement shall be governed in all respects, as to validity, construction, capacity, and performance or otherwise, by the laws of the State of Georgia.

ARTICLE XVII - JURISDICTION

This Agreement will be executed and implemented in Fulton County. Further, this Agreement shall be administered and interpreted under the laws of the State of Georgia. Jurisdiction of litigation arising from this Agreement shall be in the Fulton County Superior Courts. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

Whenever reference is made in the Agreement to standards or codes in accordance with which work is to be performed, the edition or revision of the standards or codes current on the effective date of this Agreement shall apply, unless otherwise expressly stated.



F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Center for Black Women's Wellness
Project No. and Project Title:	29943 - Wellness Program

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of Fulton County Government has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

683060

Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

6/19/13

Date of Authorization

Center for Black Women's Wellness

Authorized Officer or Agent
(Name of Contractor)

I hereby declare under penalty of perjury that the foregoing is true and correct

Jemea Dorsey

Printed Name (of Authorized Officer or Agent of Contractor)

[Signature]
Signature (of Authorized Officer or Agent)

CEO

Title (of Authorized Officer or Agent of Contractor)

2/27/25

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

27 DAY OF Feb, 2025

[Signature]
Notary Public

My Commission Expires:

May 8 2025



* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Center for Black Women's Wellness
Project No. and Project Title:	29943 - Wellness Program

FORM G: SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

Federal Work Authorization User Identification
Number (EEV/E-Verify Company Identification
Number)

Date of Authorization

Authorized Officer of Agent
(Name of Subcontractor)

N/A

**I hereby declare under penalty of
perjury that the foregoing is true and
correct**

Printed Name (of Authorized Officer or Agent of Contractor)

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20__

[NOTARY SEAL]

Notary Public

My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/27/2025

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).

PRODUCER PointeNorth Insurance Group, LLC PO Box 724728 Atlanta GA 31139	CONTACT NAME: Aleshia Rodriguez PHONE (A/C, No, Ext): (770) 858-7540 FAX (A/C, No): (770) 858-7545 E-MAIL ADDRESS: aleshia.rodriguez@pninsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: AmWins Access	
INSURER B: Evanston Insurance Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 25/26 Master COI**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			NPP1627046	01/17/2025	01/17/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/>						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ Excluded
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Excluded
							\$
A	AUTOMOBILE LIABILITY			NPP1627046	01/17/2025	01/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			XL 1649691A	01/17/2025	01/17/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Claims- Made Retro Date 10/01/1998 Professional Liability			MKLV2PSM002165	08/21/2024	08/21/2025	Each Claim \$1,000,000 Aggregate \$3,000,000 Ded. Each Claim \$5,000

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government 141 Pryor St SW Atlanta GA 30303-3408	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/27/2025

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).

PRODUCER AUTOMATIC DATA PROCESSING INSURANCE AGCY INC 1 ADP BLVD MS 325 ROSELAND, NJ 07068 (877) 677-0428	CONTACT NAME: PHONE (A/C, No, Ext): (877) 677-0428 FAX (A/C, No): (877) 677-0430 E-MAIL ADDRESS: spcbicadp@travelers.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED CENTER FOR BLACK WOMENS WELLNESS 477 WINDSOR ST SW STE 309 ATLANTA, GA 30312															

COVERAGES

CERTIFICATE NUMBER: 258390509221741

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
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-9M131594-25	04/01/2025	04/01/2026	X PER STATUTE 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

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

CERTIFICATE HOLDER

FULTON COUNTY GOVERNMENT
 141 PRYOR ST SW
 ATLANTA, GA 30303

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

Renan M. Beltran

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


OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME **Center for Black Women's Wellness**

DocuSigned by:

BA715B1A26544E7
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by: Name of Signatory: Jemea Dorsey

CF0710F04D364ED...
Jemea Dorsey, CEO
Authorized Signature

ATTEST:

ATTEST:

Signed by:

EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Signed by: Name of 2nd Signatory: **April Reid**

2060D4D97F61499...
April Reid, Wellness Program Manager
Second Authorized Signature

(Affix County Seal)



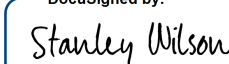
(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
David Lowman
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

5E4D76DFB4A0450...
Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

ITEM#: _____ RM: _____	ITEM#: 25-0398 2ND RM: 05/21/2025
REGULAR MEETING	SECOND REGULAR MEETING

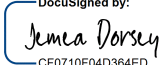
Certificate Of Completion

Envelope Id: BD0B446A-DE3A-48E8-A0E1-1D85BBDCD0A4	Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-Center for Black Women's Wellness-BOC Agenda#25-0398	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 23	Signatures: 6
Certificate Pages: 7	Initials: 0
AutoNav: Enabled	Stamps: 1
Envelopeld Stamping: Enabled	Envelope Originator:
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Cherie Williams
	141 Pryor Street
	Purchasing & Contract Compliance, Suite 1168
	Atlanta, GA 30303
	Cherie.Williams@fultoncountyga.gov
	IP Address: 166.137.175.49

Record Tracking

Status: Original	Holder: Cherie Williams	Location: DocuSign
6/20/2025 7:25:22 PM	Cherie.Williams@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Jemea Dorsey	DocuSigned by:  CF0710F04D364ED...	Sent: 6/20/2025 7:30:07 PM
JDorsey@cbww.org		Resent: 6/23/2025 9:17:37 AM
CEO		Viewed: 6/23/2025 9:45:05 AM
Center for Black Women's Wellness	Signature Adoption: Pre-selected Style	Signed: 6/23/2025 9:45:39 AM
Security Level: Email, Account Authentication (None)	Using IP Address: 2601:c2:601:5140:ddc5:315f:7991:d862	

Electronic Record and Signature Disclosure:
Accepted: 4/18/2022 11:16:38 AM
ID: 10f91eb1-d947-43f8-a760-01d3428bd900

April Reid	Signed by:  2060D4D97F61499...	Sent: 6/23/2025 9:45:40 AM
areid@cbww.org		Resent: 6/24/2025 9:43:21 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Drawn on Device	Resent: 6/25/2025 1:04:07 PM
	Using IP Address: 2600:6c5a:5c7f:dc64:3088:2dd6:22da:2b7d	Viewed: 6/26/2025 3:48:31 PM
	Signed using mobile	Signed: 6/26/2025 6:44:13 PM

Electronic Record and Signature Disclosure:
Accepted: 6/26/2025 3:48:31 PM
ID: 32251a58-aa30-4486-84ee-8ba5183c3cfb

Mark Hawks2	Completed	Sent: 6/26/2025 6:44:15 PM
mark.hawks@fultoncountyga.gov		Viewed: 6/26/2025 8:50:35 PM
Chief Assistant Purchasing Agent		Signed: 6/26/2025 8:50:41 PM
Purchasing and Contract Compliance		
Security Level: Email, Account Authentication (None)	Using IP Address: 45.20.200.178	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by:  5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/26/2025 8:50:44 PM Viewed: 6/27/2025 10:54:47 AM Signed: 6/27/2025 10:54:53 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 6/27/2025 10:54:55 AM Viewed: 6/30/2025 9:25:34 AM Signed: 6/30/2025 9:26:52 AM
Electronic Record and Signature Disclosure: Accepted: 6/30/2025 9:25:34 AM ID: 1d626960-02a6-4f7c-8c31-615cc912114c		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/30/2025 9:26:56 AM Viewed: 6/30/2025 9:27:37 AM Signed: 6/30/2025 9:28:29 AM
Electronic Record and Signature Disclosure: Accepted: 6/30/2025 9:27:37 AM ID: 327e31a8-4a2a-40ae-85f0-1197f4fb0a0f		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 166.137.19.31	Sent: 6/30/2025 9:28:32 AM Viewed: 7/2/2025 3:19:39 PM Signed: 7/2/2025 3:19:54 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/2/2025 3:19:58 PM Viewed: 7/2/2025 3:23:15 PM Signed: 7/2/2025 3:23:22 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  EEC476C4837648D...  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 7/2/2025 3:23:24 PM Viewed: 7/2/2025 7:20:16 PM Signed: 7/2/2025 7:20:30 PM
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4 Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 7/2/2025 7:20:33 PM Viewed: 7/3/2025 1:43:46 PM Signed: 7/3/2025 1:43:51 PM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/20/2025 7:30:06 PM Viewed: 7/3/2025 1:50:05 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/20/2025 7:30:07 PM Resent: 7/3/2025 1:43:58 PM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/20/2025 7:30:07 PM Viewed: 7/3/2025 1:49:38 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/3/2025 1:43:54 PM Viewed: 7/3/2025 1:49:30 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/20/2025 7:30:07 PM
Envelope Updated	Security Checked	6/20/2025 7:31:00 PM
Certified Delivered	Security Checked	7/3/2025 1:43:46 PM
Signing Complete	Security Checked	7/3/2025 1:43:51 PM
Completed	Security Checked	7/3/2025 1:43:54 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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