



**EXTENSION #4
FORM TO CONTRACT
#21RFP127274K-BKJ**

**COMPREHENSIVE OPERATION AND
PREVENTIVE AND PREDICTIVE
MAINTENANCE SERVICES FOR THE
FULTON COUNTY JAIL AND THE SOUTH
FULTON MUNICIPAL REGIONAL JAIL**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**

EXTENSION NO. 4 TO FORM OF CONTRACT

Contractor: **JOHNSON CONTROLS, INC**

Contract No.: **21RFP127274K-BKJ, Comprehensive Operation and Preventive and Predictive Maintenance Services for the Fulton County Jail and the South Fulton Municipal Regional Jail**

Address: **1350 Northmeadow Parkway, Suite 100**
City, State **Roswell, GA 30076**

Telephone: **770-362-5990**

Email: scott.e.mcvay@jci.com

Contact: **Scott E. McVay,**
Sr. Account Executive

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Johnson Controls, Inc. to provide/perform to provide comprehensive operation, preventive and corrective maintenance services for the Fulton County Jail, Jail South Annex in Union City, and the Fulton County North Annex Jail in Alpharetta, dated July 1, 2021, on behalf of the Department of Real Estate & Asset Management; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional six (6) months period from July 1, 2025, through December 31, 2025; and

WHEREAS, the County wishes to continue to provide without disruption comprehensive operation, preventive and corrective maintenance services for the Fulton County Jail, Jail South Annex in Union City, and the Fulton County North Annex Jail in Alpharetta; and

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

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on **August 20th, 2025, BOC Item #25-0614.**

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

This Extension No. 4 to Form of Contract is effective as of the 1st day of July 2025 between the County and Johnson Controls, Inc., who agree that all Services specified will be performed in accordance with this Extension No. 4 to Form of Contract and the Contract

Documents for an additional six (6) months period, with the contract ending as of the 31st of December 2025.

1. **SCOPE OF WORK:** To ensure continued comprehensive operation, preventive and corrective maintenance services for the Fulton County Jail, the Jail South Annex in Union City, and the Jail North Annex in Alpharetta that includes preventive and corrective services for all building systems including, but not limited to, all HVAC, door & locking controls, plumbing, electrical, generators, building envelope, kitchen equipment, laundry equipment, and perimeter fencing/gates. laundry equipment.

2. **COMPENSATION:** The services to be performed by the Contractor during this Extension No. 4 to Form or Contract shall not exceed \$3,558,014.10 (Three Million Five Hundred Fifty-Eight Thousand Fourteen Dollars and Ten Cents).

3. **LIABILITY OF COUNTY:** This Extension No. 4 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF EXTENSION NO. 4 TO FORM OF CONTRACT:** Except as modified by this Extension No. 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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

OWNER:

FULTON COUNTY, GEORGIA

Signed by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Board of Commissioners

(Affix County Seal)



APPROVED AS TO FORM:

Signed by:

Kaye Burwell

Office of the County Attorney

APPROVED AS TO CONTENT:

Signed by:

Joseph N. Davis

Joseph N. Davis, Director,
Department of Real Estate and Asset
Management

CONTRACTOR:

JOHNSON CONTROLS, INC

DocuSigned by:

Anthony Outland

Anthony Outland
Atlanta Metro General Manager

ATTEST:

Yolanda Y. Brown

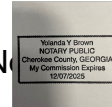
Notary Public

County: Cherokee

Commission Expires: 12/07/2025

Signed by:

Affix Notary Seal)



ITEM#: _____ RM: _____	ITEM#: 25-0614 2 ND RM: 08/20/2025
REGULAR MEETING	SECOND REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/2024

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 MARSH USA LLC. 155 N. WACKER, SUITE 1200 Chicago, IL 60661 Attn: JCI.Certrequest@marsh.com CN101230596--5-24-25*		CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): (866) 966-4664 FAX (A/C, No): E-MAIL ADDRESS: JCI.certrequest@marsh.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Johnson Controls Fire Protection LP Johnson Controls Security Solutions LLC (See attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209		INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 24147	

COVERAGES

CERTIFICATE NUMBER:

CHI-009421245-08

REVISION NUMBER: 4

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Contractual Liability ☒ XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		MWZY 313947-24	10/01/2024	10/01/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ INC IN GEN AGG
A	AUTOMOBILE LIABILITY	X		MWTB 313946-24 (Excludes New Hamp)	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
A	☒ ANY AUTO			MWTB 313949-24 (Primary NH \$250k)	10/01/2024	10/01/2025	BODILY INJURY (Per person) \$
A	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			MWZX 313950-24 (Excess NH \$4.75mm)	10/01/2024	10/01/2025	BODILY INJURY (Per accident) \$
				Excess NH Auto is Follow Form to Primary NH Auto			PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC 313943-24 (AOS - see page 2)	10/01/2024	10/01/2025	☒ PER STATUTE ☐ OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MWXS 313944-24 (OH & WA)	10/01/2024	10/01/2025	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)

If an "X" is indicated in either the "ADDL INSD" or "SUBR WVD" boxes above, the indicated provision applies, BUT ONLY to the extent required by written contract and only as outlined in this Certificate of Insurance. See attached Acord 101 for additional information including Additional Insured, Primary/Non-contributory, Waiver of Subrogation and Notice of Cancellation provisions.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Department of Purchasing & Contract Compliance 141 Pryor St SW Ste 7001 Atlanta, GA 30303	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 of Marsh USA LLC
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AGENCY CUSTOMER ID: CN101230596

LOC #: Milwaukee



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA LLC.		NAMED INSURED Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Johnson Controls Fire Protection LP Johnson Controls Security Solutions LLC (See attached Acord 101) 5757 North Green Bay Avenue Milwaukee, WI 53209
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

WORKERS COMPENSATION:

Workers Compensation "AOS" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

PRIMARY COVERAGE:

The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

WAIVER OF SUBROGATION:

The General Liability, Automobile Liability, Workers' Compensation and Employers Liability policies include a Waiver of Subrogation in favor of the certholder and any other person or organization, BUT ONLY to the extent required by written contract.

ADDITIONAL INSURED - AUTOMOBILE LIABILITY:

The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

ADDITIONAL INSURED - GENERAL LIABILITY:

For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A2 and A2A: THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

ONGOING OPERATIONS AND COMPLETED OPERATIONS INSURANCE

The General Liability Insurance includes insurance for ongoing operations and completed operations.

LIMIT OF LIABILITY:

The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to \$1,000,000.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:

Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

NAMED INSURED:

American Chiller Mechanical Service LLC.; ArkLaTex Mechanical Service; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Exacq Technologies, Inc.; FM Systems Group LLC; Grinnell LLC; Haz-Tank Fabricators, Inc.; Integrated Systems and Power, Inc.; IonicBlue Partners LLC; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Capital LLC; Johnson Controls Federal Systems, LLC; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls North America Products, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitachi Air Conditioning North America LLC; Johnson Controls US Holdings, LLC; M&M Logix, LLC; M&M Refrigeration, LLC; Master Protection LP dba FireMaster; Qolsys, Inc.; Rescue Air Systems; Retail Expert, Inc.; Richmond Alarm Company LLC; Security Enhancement Systems LLC; Sensormatic Electronics (Puerto Rico) LLC; Sensormatic Electronics, LLC; Sensormatic USA LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; Silent-Aire Mission Critical Service LLC; Silent-Aire USA Inc.; Tyco Fire & Security LLC; Tyco Fire Products LP; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY**ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION - ENDORSEMENT A2**

Named Insured Johnson Controls US Holdings, Inc.			Endorsement Number
Policy Prefix	Policy Number MWZY 313947 24	Policy Period 10/01/24 - 10/01/25	Effective Date of Endorsement 10/01/24
Issued By Old Republic Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location(s) Of Covered Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

GL 289 001 1012

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS - ENDORSEMENT A2A

Named Insured Johnson Controls US Holdings, Inc.			Endorsement Number
Policy Prefix	Policy Number MWZY 313947 24	Policy Period 10/01/24 - 10/01/25	Effective Date of Endorsement 10/01/24
Issued By Old Republic Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location And Description Of Completed Operations:

As required by contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

GL 289 002 1012

Certificate Of Completion

Envelope Id: CA6AC4F6-5342-44DD-BD4A-15222D614DF5	Status: Completed	
Subject: 21RFP127274K-BKJ Extension 4-for 6monts to JCI		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 8	Signatures: 5	Envelope Originator:
Certificate Pages: 6	Initials: 0	Darlene Banks
AutoNav: Enabled	Stamps: 2	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		darlene.banks@fultoncountyga.gov
		IP Address: 74.174.59.4

Record Tracking

Status: Original	Holder: Darlene Banks	Location: DocuSign
8/21/2025 12:41:20 PM	darlene.banks@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

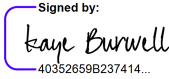
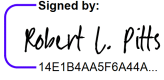
Signer Events	Signature	Timestamp
Anthony Outland anthony.outland@jci.com Market General MGR Johnson Controls, Inc. Security Level: Email, Account Authentication (None)	DocuSigned by: CB265EFAFDEE430... Signature Adoption: Pre-selected Style Using IP Address: 136.226.3.74	Sent: 8/21/2025 12:48:44 PM Viewed: 8/21/2025 12:53:42 PM Signed: 8/21/2025 12:54:22 PM

Electronic Record and Signature Disclosure:
Accepted: 8/21/2025 12:53:42 PM
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Yolanda Y. Brown yolanda.y.brown@jci.com Security Level: Email, Account Authentication (None)	Signed Using IP Address: 136.226.3.72	Sent: 8/21/2025 12:54:24 PM Viewed: 8/21/2025 12:57:59 PM Signed: 8/21/2025 1:03:28 PM
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Accepted: 8/21/2025 12:57:59 PM
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DARLENE BANKS darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 8/21/2025 1:03:30 PM Viewed: 8/21/2025 1:08:43 PM Signed: 8/21/2025 1:08:57 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Signer Events	Signature	Timestamp
Joseph Davis joseph.davis@fultoncountyga.gov Director Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 8/21/2025 1:23:18 PM ID: 103c94ca-c685-4704-817b-94ffcc36130f	Signed by:  B20354A88008422... Signature Adoption: Pre-selected Style Using IP Address: 2600:1702:7490:78e0:98fc:d45:9860:b735 Signed using mobile	Sent: 8/21/2025 1:09:00 PM Viewed: 8/21/2025 1:23:18 PM Signed: 8/21/2025 1:23:34 PM
David Lowman david.lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 8/22/2025 5:03:34 AM ID: 6f7320b4-a107-4b83-9158-c23063dc8439	Completed Using IP Address: 47.36.19.90	Sent: 8/21/2025 1:23:37 PM Viewed: 8/22/2025 5:03:34 AM Signed: 8/22/2025 5:04:10 AM
Kaye Burwell kaye.burwell@fultoncountyga.gov Deputy County Attorney Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 8/22/2025 9:18:38 AM ID: 0f87e68f-3f5a-4f93-8352-3776bb5fe713	Signed by:  40352659B237414... Signature Adoption: Pre-selected Style Using IP Address: 104.129.206.71	Sent: 8/22/2025 5:04:13 AM Viewed: 8/22/2025 9:18:38 AM Signed: 8/22/2025 9:18:57 AM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	Completed Using IP Address: 66.56.23.82	Sent: 8/22/2025 9:19:00 AM Viewed: 8/28/2025 2:51:08 PM Signed: 8/28/2025 2:52:10 PM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 8/28/2025 2:53:12 PM ID: 3f2f4ee3-2e71-4c54-8349-faf04bf5b116	Signed by:  14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 8/28/2025 2:52:14 PM Viewed: 8/28/2025 2:53:12 PM Signed: 8/28/2025 2:53:23 PM

Signer Events	Signature	Timestamp
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	Signed by:  EEC476C4837648D... 	Sent: 8/28/2025 2:53:26 PM Viewed: 8/28/2025 3:47:35 PM Signed: 8/28/2025 3:47:46 PM

Signature Adoption: Uploaded Signature Image

Using IP Address: 99.96.24.191

Electronic Record and Signature Disclosure:

Accepted: 3/16/2018 7:54:59 AM

ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

DARLENE BANKS

darlene.banks@fultoncountyga.gov

Assistant Purchasing Agent

Fulton County Government

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Completed

Using IP Address: 169.224.182.188

Sent: 8/28/2025 3:47:50 PM

Viewed: 8/28/2025 4:04:10 PM

Signed: 8/28/2025 4:04:23 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
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via Docusign	COPIED	Sent: 8/28/2025 4:04:28 PM Viewed: 8/29/2025 8:23:29 AM
Witness Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/21/2025 12:48:44 PM
Certified Delivered	Security Checked	8/28/2025 4:04:10 PM
Signing Complete	Security Checked	8/28/2025 4:04:23 PM
Completed	Security Checked	8/28/2025 4:04:28 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

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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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