



**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 **The Salvation Army, A Georgia Corporation** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) Corporation, 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 Trustees 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: Homelessness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: 6. Emergency Financial Assistance supported by case management and other supportive services...

Senior Services: Not Applicable

The Salvation Army, A Georgia Corporation, Emergency Shelter and Rapid Re-Housing 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: 06/01/2025

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
The Salvation Army Red Shield Services	469 Marietta Street, NW	Atlanta	Georgia	30313	6	1,2,3,4,5,6

Approach and Design:

The Salvation Army, A Georgia Corporation, Emergency Shelter and Rapid Re-Housing will provide services to **25** clients that reside in Fulton County, with CSP funding.

The Salvation Army, A Georgia Corporation, Emergency Shelter and Rapid Re-Housing will provide the following activities and services in Fulton County with CSP funding:

Emergency Shelter & Housing Support | Clients are referred to Red Shield Services' emergency shelter through Fulton County Coordinated Entry to receive immediate shelter and supportive services. The shelter operates on a low-barrier, Housing First approach, allowing clients to stay for up to 90 days while working toward permanent

housing. The goal is to ensure that clients do not return to homelessness by:

- Transitioning eligible clients into stable housing solutions.
- If permanent housing is not immediately available, case workers explore alternative solutions such as:
 - Family reunification
 - Referral to partner agencies for additional housing options
 - Placement into specialized programs, such as:
 - Veterans on the Move (for veteran clients), a program at Red Shield Services
 - Harbor Light Drug Treatment Program (for clients needing substance use treatment), a program at Red Shield Services

Comprehensive Shelter Services | While in the emergency shelter, clients receive holistic support to break the cycle of homelessness, including:

- ✓ Case management for individualized support
- ✓ Hot meals and showers to meet basic needs
- ✓ Peer support groups to foster community and stability
- ✓ Life skills training to promote independence
- ✓ Benefits assessments to connect clients with eligible assistance programs
- ✓ Health and mental health services (provided by partner organizations)
- ✓ Document readiness assistance for securing identification and necessary paperwork

Collaborative Partnerships | Red Shield Services works closely with a network of trusted partners to provide specialized services to clients. Some partners provide on-site services at Red Shield, while others offer assistance at their locations. To ensure accessibility, clients may receive MARTA cards or other transportation assistance, depending on availability. These partnerships include:

- Mercy Care – Healthcare and mental health services
- Atlanta Center for Self-Sufficiency – Workforce development and job training
- Be the Change, Inc. – Supportive services and mentoring
- Empowerment Resource Center – Health and wellness services
- First Step Staffing for Good – Employment opportunities
- Fully Furnished Ministries – Home furnishing assistance
- Open Doors – Housing placement support
- PAD (Policing Alternatives & Diversion Initiative) – Crisis intervention and alternative support
- Recovery Consultants of Atlanta – Substance use recovery services
- VSNS Inc. and ANZI, Inc. – Additional community-based supportive services

By leveraging shelter, case management, and community partnerships, this program provides a comprehensive and strategic approach to reducing homelessness and increasing housing stability for Fulton County residents (outside of City of Atlanta).

Designation of CSP Funds:

Based on the awarded amount of **\$30,000.00**, 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.)	\$1,000.00
Operational (25% Operational max of total funds awarded.)	\$7,500.00
Direct Services	\$21,500.00
<i>Total</i>	\$30,000.00

Explanation of Funding Details:

Funding will be expended during one contract performance periods – July to December 2025.

Budget Line Items	Description	Amount
ADMINISTRATIVE	Grant Compliance Manager	1,000.00
OPERATIONAL	Red Shield Shelter – Facility Utilities (below 25%)	7,500.00
DIRECT SERVICE(S):		
Emergency Shelter	Case Management (Case Workers Salary & FICA)	21,000.00
Transportation	MARTA Cards for Clients	500.00
		\$30,000.00

Direct Service Expenditures (\$21,500.00)

Fulton County residents referred to emergency shelter by Fulton Coordinated Entry. Clients must have been referred from zip codes outside of the City of Atlanta.

Emergency Shelter clients will be assisted by case workers and case aides for the duration of their stay at the shelter. Emergency shelter is available for up to 90 days, or longer if a client has been approved for jpidomh but is waiting on a move in date. \$21,000.00 in direct support for case management. Of this, \$19,507.66 is for salaries and \$1,492.34 is FICA at 7.65%.

MARTA cards for shelter clients in this program are critical to ensuring that clients can get the full benefits of services offered at Red Shield Services and from partnering organizations. \$500.00 in MARTA cards is necessary for client transportation needs.

Administrative Expenditures (\$1,000) are calculated at 3% of the total \$30,000 funding request at \$1,000. This funding requires monthly compliance to ensure it is meeting all contractual requirements. Red Shield Services has a full-time Grant Compliance Manager that will be monitoring this program internally on a weekly, monthly, and quarterly basis. The Grant Compliance Manager will also compile the required 6-month reimbursement reports covering the periods of 1/01/2025-6/30/2025 and 7/01/2025-12/31/2025. \$1,000 will cover the costs of the administrative expenditure of grant compliance, monitoring of required goals and outcomes, and all HMIS ClientTrack reports showing outcomes and achievements.

Operational Expenditures (\$7,500) will be used for a portion of the annual \$250,000.00 in utility costs at Red

Shield Shelter. Red Shield Services is requesting \$7,500 in operational expenditures to cover the costs of utilities for emergency shelter clients as well as for the staffing in the building to manage this program.

Program Performance Measures:

The Salvation Army, A Georgia Corporation 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: Not Applicable

Homelessness: 5. Number of individuals whose barriers to self-sufficiency are eliminated/ reduced; paths to self-sufficiency created... ,7. Number of individuals receiving emergency financial assistance

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:

Program Measures (KPIs) for Tracking and Reporting Program Outcomes

Several key performance indicators (KPIs) are used to track and report the outcomes of our homelessness program. These include:

1. The number of individuals who experience a reduction or elimination of barriers to self-sufficiency
2. The number of individuals who transition to more stable housing

In our emergency shelter program, we anticipate serving 25 individuals who will benefit from case management and support services aimed at eliminating or reducing barriers to self-sufficiency. Clients in the shelter are assisted for up to 90 days (or longer if housing is imminent). Through internal programs and partnerships with local nonprofits, clients have access to employment

opportunities, job training, mainstream benefits, and other services to improve their financial stability and break the cycle of homelessness.

Client progress is tracked in the Homeless Management Information System (HMIS), where milestones are entered, including goals and anticipated dates for completion. Each client works with their assigned case worker to develop an Individual Service Plan (ISP), and all performance measures are tracked in HMIS. Reports can be generated weekly, monthly, quarterly, and annually to assess client progress and program effectiveness.

Agency Defined Performance Measure(s):

Agency defined performance measures that will be tracked and reported during the contract period include (HMIS services):

Case Management

Bed Nights

Eligibility Assessment

Emergency Housing

Employment Assistance/Job Training

Housing Search and Placement

Life Skills Training

Meals

Job Search Assistance

Benefits Application Assistance

Group/Peer Counseling

Service Plan Development

All of these services are entered into a client HMIS record and reports are available to pull and summarize the data collected.

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 **\$30,000.00**.

(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:

**The Salvation Army, A Georgia Corporation
469 Marietta Street, NW
Atlanta, Georgia 30315**

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 **The Salvation Army, A Georgia Corporation**, 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 cancelation 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:	The Salvation Army, A Georgia Corporation
Project No. and Project Title:	Emergency Shelter and Rapid Rehousing

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:

1447552

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

09/06/19

Date of Authorization

The Salvation Army, A Georgia Corporation

Authorized Officer or Agent
(Name of Contractor)

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

Major John Murphy

Printed Name (of Authorized Officer or Agent of Contractor)

X

Signature (of Authorized Officer or Agent)

Georgia Divisional Commander

Title (of Authorized Officer or Agent of Contractor)

3/4/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

4 DAY OF March, 20 25

Jane A Lee
Notary Public

Jane A Lee
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Commission Expires 10/03/2026

[NOTARY SEAL]

My Commission Expires: 10/3/26

* 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:	The Salvation Army, A Georgia Corporation
Project No. and Project Title:	Emergency Shelter and Rapid Rehousing

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.

1447552
Federal Work Authorization User Identification
Number (EEV/E-Verify Company Identification
Number)

09/06/19
Date of Authorization

The Salvation Army, A Georgia Corporation
Authorized Officer of Agent
(Name of Subcontractor)

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

Major John Murphy
Printed Name (of Authorized Officer or Agent of Contractor)

Georgia Divisional Commander
Title (of Authorized Officer or Agent of Contractor)

X [Signature]
Signature (of Authorized Officer or Agent)

3/4/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

4 DAY OF March, 20 25

Jane A Lee
Notary Public

Jane A Lee
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Commission Expires 10/03/2026
[NOTARY SEAL]

My Commission Expires: 10/3/26

* 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 Insurance Waiver Request Form

Instructions:

Please complete each field of the COI waiver request form for the insurance coverage for which a waiver is being requested. If there are multiple waiver requests, a new form must be used for each request. All completed waiver request forms should be emailed to your assigned District Administrator. An approved waiver form must be included as part of the COI document and uploaded to WebGrants under "Other Supporting Documents."

Please Do Not Lock this Document.

Date: 6/19/2025

Requesting Organization: The Salvation Army of Metro Atlanta

Contact Name: Sgt. Janeane Schmidt

Phone Number: 404 486 2905

Email Address: Janeane.Schmidt@uss.salvationarmy.org

Reason for Requesting Waiver(Please provide a detailed explanation. View attached COI Tip sheet for information on the types of waivers):

General Liability does not meet the standards are required.

However, the organization has additional coverage in other areas

that addresses and offsets the indicated deficiency. (COI is available associated with waiver)

Acknowledgment and Signature

By signing below, I acknowledge that our agency is requesting a waiver of the Certificate of Insurance requirement. I understand that this request must be reviewed and approved _____ly not be granted in all cases.

Signature

Title: Director of Social Services

Date: 6/19/2025

For Internal Use Only

Waiver Approved: ^{CW}☐ Yes ☐ No

Reviewed By: Cherie Williams

Date: June 20, 2025

Comments (if waiver is rejected or additional action is required):



Certificate of Insurance Waiver Request Form

Instructions:

Please complete each field of the COI waiver request form for the insurance coverage for which a waiver is being requested. If there are multiple waiver requests, a new form must be used for each request. All completed waiver request forms should be emailed to your assigned District Administrator. An approved waiver form must be included as part of the COI document and uploaded to WebGrants under "Other Supporting Documents."

Please Do Not Lock this Document.

Date: 6/19/2025

Requesting Organization: The Salvation Army of Metro Atlanta

Contact Name: Sgt. Janeane Schmidt

Phone Number: 404 486 2905

Janeane.Schmidt@uss.salvationarmy.org

Email Address: _____

Reason for Requesting Waiver(Please provide a detailed explanation. View attached COI Tip sheet for information on the types of waivers):

Automobile Coverage does not meet the standards are required.

However, the organization has additional coverage in other areas

that addresses and offsets the indicated deficiency. (COI is available associated with waiver)

Acknowledgment and Signature

By signing below, I acknowledge that our agency is requesting a waiver of the Certificate of Insurance requirement. I understand that this request must be reviewed and approve _____ may not be granted in all cases.

Signature

Title: Director of Social Services

Date: 6/19/2025

For Internal Use Only

CW

Waiver Approved: ☐ Yes ☐ No

Reviewed By: *Cherie Williams*

Date: June 20, 2025

Comments (if waiver is rejected or additional action is required):



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2025

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 CHESTERFIELD INSURANCE AGENCY, INC. CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237	CONTACT NAME: ALEXIS SHEARER PHONE (A/C, No, Ext): (330) 896-9777 X 8123 FAX (A/C, No): 330-896-6548 E-MAIL ADDRESS: ALEXIS.SHEARER@TPA4TSA.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>ZURICH AMERICAN INS. CO.</td> <td>16535</td> </tr> <tr> <td>INSURER B:</td> <td>THE SALVATION ARMY RISK TRUST</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>THE SALVATION ARMY, A GA CORP.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>AMERICAN ZURICH INS. CO.</td> <td>40142</td> </tr> <tr> <td>INSURER E:</td> <td>AMERICAN INTERNATIONAL GROUP UK</td> <td>AA-1120187</td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ZURICH AMERICAN INS. CO.	16535	INSURER B:	THE SALVATION ARMY RISK TRUST		INSURER C:	THE SALVATION ARMY, A GA CORP.		INSURER D:	AMERICAN ZURICH INS. CO.	40142	INSURER E:	AMERICAN INTERNATIONAL GROUP UK	AA-1120187	INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER F:																						
INSURED THE SALVATION ARMY, A GEORGIA CORP. 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 30329-2088																						

COVERAGES**CERTIFICATE NUMBER:****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	
C	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 OTHER:	X		SELF INSURED RETENTION	01/01/25	01/01/26	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 500,000
							PRODUCTS - COMP/OP AGG	\$ 500,000
								\$
A	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	X		BAP 9300525-23	01/01/25	01/01/26	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 500,000	X		TRUST #19578500 62785336 INC PROF E&O	01/01/25	01/01/26	EACH OCCURRENCE	\$ 7,000,000
E							AGGREGATE	\$ 7,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 9300799-23	01/01/25	01/01/26	PER STATUTE	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	AUTO LIABILITY EXCESS	X		SELF INSURED RETENTION	01/01/25	01/01/26	\$400,000 XS of \$100,000	

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

COVERAGE APPLIES TO THE SALVATION ARMY 469 MARIETTA STREET ATLANTA GA 30313 AS RESPECTS TO THE EMERGENCY SHELTER AND RAPID REHOUSING SERVICED AT RED SHIELD CORPS

DATES 01/01/25 TO 12/31/25

ADDITIONAL INSURED: FULTON COUNTY GOVERNMENT

CERTIFICATE HOLDER**CANCELLATION**

FULTON COUNTY GOVERNMENT PURCHASING DEPARTMENT 130 PEACHTREE STREET SW SUITE 1168 ATLANTA GA 30303-3459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2025

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 CHESTERFIELD INSURANCE AGENCY, INC. CHESTERFIELD INSURANCE AGENCY, INC. P. O. BOX 237 GREEN, OH 44232-0237	CONTACT NAME: ALEXIS SHEARER PHONE (A/C, No, Ext): (330) 896-9777 X 8123 FAX (A/C, No): 330-896-6548 E-MAIL ADDRESS: ALEXIS.SHEARER@TPA4TSA.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : ZURICH AMERICAN INS. CO.</td> <td>16535</td> </tr> <tr> <td>INSURER B : THE SALVATION ARMY RISK TRUST</td> <td>N/A</td> </tr> <tr> <td>INSURER C : THE SALVATION ARMY, A GA CORP.</td> <td>N/A</td> </tr> <tr> <td>INSURER D : AMERICAN ZURICH INS. CO.</td> <td>40142</td> </tr> <tr> <td>INSURER E : AMERICAN INTERNATIONAL GROUP UK</td> <td>AA-1120187</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ZURICH AMERICAN INS. CO.	16535	INSURER B : THE SALVATION ARMY RISK TRUST	N/A	INSURER C : THE SALVATION ARMY, A GA CORP.	N/A	INSURER D : AMERICAN ZURICH INS. CO.	40142	INSURER E : AMERICAN INTERNATIONAL GROUP UK	AA-1120187	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : ZURICH AMERICAN INS. CO.	16535														
INSURER B : THE SALVATION ARMY RISK TRUST	N/A														
INSURER C : THE SALVATION ARMY, A GA CORP.	N/A														
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INSURER E : AMERICAN INTERNATIONAL GROUP UK	AA-1120187														
INSURER F :															
INSURED THE SALVATION ARMY, A GEORGIA CORP. 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 30329-2088															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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						\$ \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						\$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	X SEXUAL ABUSE	X		SELF INSURED RETENTION	01/01/25	01/01/26	\$ 5,000,000

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

COVERAGE APPLIES TO THE SALVATION ARMY RED SHIELD SERVICES LOCATED AT 469 MARIETTA ST, ATLANTA GA 30313 AS RESPECTS TO FY26 EMERGENCY SHELTER & RAPID REHOUSING SERVICE.

CERTIFICATE HOLDER

CANCELLATION

FULTON COUNTY GOVERNMENT PURCHASING DEPT
 130 PEACHTREE ST SW SUITE 1168
 ATLANTA GA 30303-3459

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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

The Salvation Army, A Georgia Corporation
VENDOR NAME

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

Signed by: Name of Signatory: W. Lee Auvenshine
W. Lee Auvenshine
4CDCB8BC38BF478...
Secretary
Authorized Signature

ATTEST:

ATTEST:

Signed by:
Tonya R. Grier
EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Signed by: Name of 2nd Signatory: **Roland Cox**
Major Roland Cox
688A2DAC7287472...
Assistant Treasurer
Second Authorized Signature

(Affix County Seal)



(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:
David Lowman
0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Stanley Wilson
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: _____ REGULAR MEETING	ITEM#: 35-0398 2ND RM: 05/21/2025 SECOND REGULAR MEETING

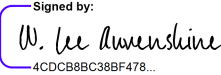
Certificate Of Completion

Envelope Id: D10D95C0-D806-4D8D-B87D-B802C9883C37		Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-The Salvation Army, A Georgia Corporation-BOC Agenda#25-0398		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 28	Signatures: 6	Envelope Originator:
Certificate Pages: 7	Initials: 0	Carlos S. Thomas
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		carlos.thomas@fultoncountyga.gov
		IP Address: 73.106.219.199

Record Tracking


Status: Original	Holder: Carlos S. Thomas	Location: DocuSign
7/22/2025 11:26:14 AM	carlos.thomas@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
W. Lee Auvenshine	<div>Signed by:</div> <div></div> <div>4CDCB8BC38BF478...</div>	Sent: 7/22/2025 11:32:37 AM
lee.auvenshine@uss.salvationarmy.org		Viewed: 7/22/2025 4:09:44 PM
Secretary		Signed: 7/23/2025 10:43:18 AM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 192.124.23.10	

Electronic Record and Signature Disclosure:

Accepted: 7/22/2025 4:09:44 PM
ID: fde0b001-bfe1-4563-a9fd-9a9271aaaf1e

Major Roland Cox	<div>Signed by:</div> <div></div> <div>688A2DACT287472...</div>	Sent: 7/23/2025 10:43:21 AM
Roland.Cox@uss.salvationarmy.org		Viewed: 7/23/2025 9:30:51 PM
Security Level: Email, Account Authentication (None)		Signed: 7/23/2025 9:32:57 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 69.151.113.33	

Electronic Record and Signature Disclosure:

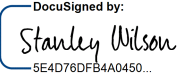
Accepted: 7/23/2025 9:30:51 PM
ID: 89d9d30d-8aea-4fd5-afe7-a0c78d0524ec

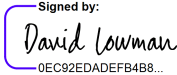
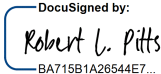


Mark Hawks2	<div>Completed</div>	Sent: 7/23/2025 9:33:00 PM
mark.hawks@fultoncountyga.gov		Viewed: 7/24/2025 3:39:57 PM
Chief Assistant Purchasing Agent		Signed: 7/24/2025 3:40:16 PM
Purchasing and Contract Compliance	Using IP Address: 74.174.59.4	

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Stanley Wilson	<div>DocuSigned by:</div> <div></div> <div>5E4D76DFB4A0450...</div>	Sent: 7/24/2025 3:40:19 PM
Stanley.Wilson@fultoncountyga.gov		Viewed: 7/24/2025 3:44:29 PM
Director		Signed: 7/24/2025 3:44:40 PM
Stanley Wilson	Signature Adoption: Pre-selected Style	
Security Level: Email, Account Authentication (None)	Using IP Address: 75.43.132.102	

Signer Events	Signature	Timestamp
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: 2600:1700:1960:2e70:e4b4:a551:7987:abc4	Sent: 7/24/2025 3:44:45 PM Resent: 7/29/2025 4:48:45 PM Viewed: 7/29/2025 4:53:04 PM Signed: 7/29/2025 5:05:21 PM
Electronic Record and Signature Disclosure: Accepted: 7/29/2025 4:53:04 PM ID: 73e0e5cb-a18f-4d74-b617-56352c716e2e		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  <small>0EC92EDADEFB4B8...</small> Signature Adoption: Pre-selected Style Using IP Address: 24.99.192.18	Sent: 7/29/2025 5:05:24 PM Resent: 7/31/2025 10:25:30 AM Viewed: 7/31/2025 10:33:58 AM Signed: 7/31/2025 10:37:34 AM
Electronic Record and Signature Disclosure: Accepted: 7/31/2025 10:33:58 AM ID: 36211667-5747-4363-bedd-4b843a718821		
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: 2600:1017:b82d:f99d:506:e4d6:74cb:e6a6 Signed using mobile	Sent: 7/31/2025 10:37:37 AM Resent: 8/4/2025 4:28:47 PM Viewed: 8/4/2025 5:13:15 PM Signed: 8/4/2025 5:13:53 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:  <small>BA715B1A26544E7...</small> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 8/4/2025 5:13:56 PM Viewed: 8/4/2025 6:16:58 PM Signed: 8/4/2025 6:17:06 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None)	Signed by:  <small>EEC476C4837648D...</small>  Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.206.120	Sent: 8/4/2025 6:17:09 PM Viewed: 8/5/2025 10:15:44 AM Signed: 8/5/2025 10:15:58 AM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

Signer Events	Signature	Timestamp
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: 74.174.59.4	Sent: 8/5/2025 10:16:02 AM Resent: 8/5/2025 10:59:20 AM Viewed: 8/5/2025 11:48:39 AM Signed: 8/5/2025 11:48:52 AM
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: 7/22/2025 11:32:36 AM
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: 7/22/2025 11:32:36 AM
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: 7/22/2025 11:32:36 AM Resent: 8/5/2025 11:49:02 AM
Dian DeV Vaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 8/5/2025 11:48:57 AM Viewed: 8/5/2025 1:00:26 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/22/2025 11:32:36 AM
Certified Delivered	Security Checked	8/5/2025 11:48:39 AM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	8/5/2025 11:48:52 AM
Completed	Security Checked	8/5/2025 11:48:57 AM
Payment Events	Status	Timestamps
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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