



**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 **U Hope CDC, Inc.** (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:

INDEX OF ARTICLES

ARTICLE 1. PARTIES AND TERM

ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES

ARTICLE 3. COMPENSATION FOR SERVICES

ARTICLE 4. RECORD KEEPING

ARTICLE 5. INDEMNIFICATION

ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE

ARTICLE 7. INDEPENDENT CONTRACTOR STATUS

ARTICLE 8. INSURANCE

ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT

ARTICLE 10. SUBCONTRACTING

ARTICLE 11. ASSIGNABILITY

ARTICLE 12. SEVERABILITY OF TERMS

ARTICLE 13. PRECEDENCE OF AGREEMENT

ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY

ARTICLE 15. CAPTIONS

ARTICLE 16. GOVERNING LAW

ARTICLE 17. JURISDICTION

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: Homelessness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: 5. Transitional housing bridge housing options for homeless population affected by mental health...

Senior Services: Not Applicable

U Hope CDC, Inc., 2025 Community Services Program 25RFP020325C-MH 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
Rosemont Dunwoody Apartments	8193 (apt A) Colquitt Rd	Sandy Springs	GA	30350	2	2,3,4

Approach and Design:

U Hope CDC, Inc., 2025 Community Services Program 25RFP020325C-MH will provide services to **4** clients that reside in Fulton County, with CSP funding.

U Hope CDC, Inc., 2025 Community Services Program 25RFP020325C-MH will provide the following activities and services in Fulton County with CSP funding:

U Hope Transaitional Housing Program is designed to provide housing and supportive services to **4** homeless males. Admissions to the program originate through **Fulton County Coordinated Entry** system. The **4** beds are situated in a **3** bedroom apartment unit with two participants to a room. The apartment units are leased by **U Hope** and are completely furnished, including linen, shower curtains, pots & pans, dishes, microwaves, and cleaning supplies. Each unit has a TV in the living room.

Eventhough the participant goes through the Coordinated system, they still have to go through U Hope assesment process by completing U Hope housing application and participating in our new participant orentation. This process helps us to be able to see if the participant is a good fit for the program and if not they are referred back to the Coordinated entry. Within a week of admission to the program the participant meet with their Case Manager who will work along with the participant in preparing their individualized service plan to begin to identify the root causes of their prior homelessness. The first phase of the ISP will focus on accessing the participant's status with respect to personal identification, i.e., GA ID/driver's license, birth certificates, SSI card, dd214. If those items are readily available, we will obtain copies and file them for future use, as necessary. If these items are not in his possession, we will devise a plan to assist him in obtaining them, then execute that plan. Having these documents are the key to accessing mainstream benefits, i.e., SSDI, Medicare, Medicaid, food stamps, academic/vocational training, and job placement assistance.

The second phase of the participants ISP is in determining whether the participant receives food stamps. If so, discuss the mailing address of record and whether he needs to submit a change of address request to his new home address. If he chooses to submit a changes of address request to his new home, we will assist him with making the request. If the participant is not currently receiving or has not ever applied for food stamps and would like to apply for them, we will assist him in applying online for the benefit.

The third phase of developing the participant's ISP will be straight forward. Participants will be accessed to determine whether the participant is receiving SSDI. If not, determine the reasons. If the participant is eligible and expresses the desire to apply for the benefit, we will assist him with completing the application process. If the participant chooses to seek employment instead or in addition to SSDI, we facilitate the appointment with WorkSource Fulton at the North Fulton Service Center, a few blocks from the apartment complex and assist the participant in the applying for the SSDI benefit, being mindful to do no harm.

The fourth phase is the determination of the participants eligibility for Medicaid, often described as a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care. We will present the information to the participant and assist him in facilitating his choice.

In the event the participant is interested in entering the workforce but has questions or concerns relative to skill set competencies, demand occupations and related wages, academic and/or vocational upgrades or job trainings opportunities and/or paid work experience opportunities, we facilitate the appointment with WorkSource Fulton at the North Fulton Service Center, a few blocks from the apartment complex and assist the participant by making the introductions. We can even request a representation to come to the center and make a informational presentation to participants. U Hope will use Clienttrak/HMIS to record and report all client activities.

Program Performance Measures

The program will use clienttrack HMIS for tracking and reporting of the following performance measures:

1. . 100% of participants without GA state ID, SSI identification, will be assisted in applying for documents within 2 weeks of admission into the program.
2. . 100% of program participants without earned/unearned income or medical coverage will be assessed and assisted in applying for SSDI, food stamps, Medicaid within 45 days of admission into the program.
3. 100% of participants eligible to work will be referred to Worksource Fulton for vocational training and/or job placement assistance.

Designation of CSP Funds:

Based on the awarded amount of **\$25,000.00**, 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.)	\$1,250.00
Operational (25% Operational max of total funds awarded.)	\$6,250.00
Direct Services	\$17,500.00
<i>Total</i>	\$25,000.00

Explanation of Funding Details:

1. Administrative Cost: (grant administration) - \$1,250.

2. Operational Svcs:

a. Insurance (Liability) (\$20/mo. x 12/mo.) = \$240.

b. Office Rent (\$250/mth x 12) = \$3,000

c. Office supplies = \$400

d. Office Utilities (Electric) (12mth) = \$650

e. Auditor/CPA (\$25/hr x 40hrs) = \$1,000

f. Grant writer (\$24/hr x 40hrs) = \$960

Operational Svcs Total \$6250

3. Direct Svcs

a. Rent (Clients Housing) - (4 clients x 12 mos.) = \$6,690

b. Utilities (gas, water, electric, internet) \$125/mo. x 12mos.) = \$1,500.

c. Transportation - MARTA Cards (\$95/card/mo. x 2 cards x 12 mos.) = \$2,280

f. Housing Assistant (\$12/hr. x 200 hrs.) = \$2,400.

g. Case Manager (\$23/hr. x 200) = \$4,630.

Direct Svcs Total \$17,500

Total = \$25,000

Program Performance Measures:

U Hope CDC, Inc. 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...

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:

n/a

Agency Defined Performance Measure(s):

1)To Increase Progress towards Ending Chronic Homelessness in Fulton County, by continuing to provide transitional housing to homeless male in North Fulton.

The tools that are used to track this performance are: 1) The “Housing Application”. The Case Manager uses this form to assess and admit participants, 2) The Participants “Sign In/Out Form”. This form is used for participants to sign in/out daily. This information is used to track the number of participants currently in the housing program. The Housing Assistant monitors/ gathers the completed sign In/Out Forms and delivers them to the case manager; who then compiles and creates the daily housing participants census (report).

2)To Increase Housing Stability by 75% of the 4 participants we are serving.

The tools that are used to track this performance are: 1) The “Individual Service Plan (form)”, this form is used to list the participant goals and objectives. Goals are reviewed with participant at the end of 30/60/90 days, to determine if

participant's goals are met. The Case Manager uses this information to report participant's progress and stability. 2) The "Career Development Referral Form". This form is used to refer participants for job training, career development, employment opportunities, community services and links to other services. The Career Development Specialist and Case Manager use these forms to document and report participant's progress.

3) To insure that all participants that are eligible to obtain Mainstream Benefits.

The tools that are used to track this performance are: 1) The "Individual Service Plan" (ISP). The ISP is used to list participant's goals and objectives and how those goals are met and when they are met. The Case Manager uses this information to report participant's progress in obtaining mainstream benefits, 2) The "Social Service Checklist" Form is part of the Intake packet. This form is completed by the participant upon admission into the program, in order to indicate their needs. Participants are then referred to internal/external service providers to meet the needs identified. The Case Manager meets with participants twice a month; during these sessions participants will provide documentation that proves that the identified mainstream services have been met.

3) To Increase participants income by 20% of the Program participants.

The tools that will be used to measure this performance: Will be the participant pay check

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 **\$25,000.00.**

(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:

U Hope CDC, Inc.

**112 Norcross st. suite 3
Roswell, Georgia 30075**

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 **U Hope CDC, Inc.**, 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.

STATE OF GEORGIA

COUNTY OF FULTON

FORM F: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor 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 services¹ under a contract with [insert name of prime contractor (Agency)] on behalf of Fulton County Government has registered with and is participating in a federal work authorization program*,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with Fulton County Government, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Fulton County Government at the time the subcontractor(s) is retained to perform such service.

860241

EEV/Basic Pilot Program* User Identification Number

U Hope CDC, Inc.

Name of Contractor (Agency)

Aletha Scott-Mallory

BY: Authorized Signature of Officer or Agent of Contractor

Executive Director

Title of Authorized Officer or Agent of Contractor of Contractor

Aletha Scott-Mallory

Printed Name of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this 6 day of March, 2025

Notary Public: Cathy L. Barbour

County: Forsyth

Commission Expires: Oct. 3, 2028



¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means a performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any

STATE OF GEORGIA

COUNTY OF FULTON

FORM G: GEORGIA SECURITY AND IMMIGRATION 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 services³ under a contract with **[insert name of prime contractor (Agency)]** U Hope CDC, Inc. on behalf of **Fulton County Government** has registered with and is participating in a federal work authorization program*,⁴ in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

a/n
EEV/Basic Pilot Program* User Identification Number of Subcontractor

a/n
Name of Subcontractor (Individual/Agency)

a/n
BY: Authorized Signature Officer or Agent of Subcontractor

a/n
Title of Authorized Officer or Agent of Subcontractor

a/n
Printed Name of Authorized Officer or Agent of Subcontractor

Sworn to and subscribed before me this _____ day of a/n, 20__.

Notary Public: a/n

County: a/n

Commission Expires: a/n

³O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

⁴[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2025

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No. Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com														
INSURED U Hope CDC Inc. 112 Norcross St Suite 3 Roswell, GA 30075	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Hiscox Insurance Company Inc</td> <td>10200</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 : Hiscox Insurance Company Inc	10200	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Hiscox Insurance Company Inc	10200														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		P103.828.294.1	08/29/2024	08/29/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y		P103.828.293.1	08/29/2024	08/29/2025	Each Claim: \$ 1,000,000 Aggregate: \$ 1,000,000

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

Certificate holder is a "additional insured". The professional liability policy has a \$200k sexual conduct limit as per the policy terms and condntions.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 141 Pryor St SW
 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



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: 06/05/2025

Requesting Agency/Company: U Hope CDC, Inc

Contact Name: Aletha Scott-Mallory

Phone Number: 4044845742

Email Address: uhopecommunity@gmail.com

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

We are requesting a waiver from carrying an Umbrella insurance. We do not need an umbrella insurance

because our commercial general Liability, and our professional liability

meet the require amount we need to carry.

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 by management, and that a waiver may not be granted in all cases.

Signature: Aletha Scott-Mallory

Title: Executive Director

Date: 06/05/2025

For Internal Use Only

Waiver Approved: ☒ Yes ☐ No

Reviewed By: Cherie Williams

Date: June 11, 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: 06/05/2025

Requesting Agency/Company: U Hope CDC, Inc

Contact Name: Aletha Scott-Mallory

Phone Number: 4044845742

Email Address: uhopecommunity@gmail.com

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

We are requesting waiver for not carrying an automobile insurance.

The reason of the request is because we do not have an agency/program automobile

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 by management, and that a waiver may not be granted in all cases.

Signature: Aletha Scott-Mallory

Title: Executive Director

Date: 06/05/2025

For Internal Use Only

Waiver Approved: ☒ Yes ☐ No

Reviewed By: Cherie Williams

Date: June 11, 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: 06/05/2025

Requesting Agency/Company: U Hope CDC, Inc

Contact Name: Aletha Scott-Mallory

Phone Number: 4044845742

Email Address: uhopecommunity@gmail.com

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

We are requesting a waiver from carry Worker Compensation insurance if we have less than 3 employees

if we have less than 3 employees.

Georgia Labor Law say do not have to carry worker compensation Insurance.

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 by management, and that a waiver may not be granted in all cases.

Signature: Aletha Scott-Mallory

Title: Executive Director

Date: 06/05/2025

For Internal Use Only

Waiver Approved: ☒ Yes ☐ No

Reviewed By: Cherie Williams

Date: June 11, 2025

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



U Hope Cdc
<uhopecommunity@gmail.com>

FW: Approved COI Waivers and Instructions

1 message

Ferrell, Dionne
<Dionne.Ferrell@fultoncountyga.gov>

Thu, Jun 12,
2025 at
11:13 AM

To: "uhopecommunity@gmail.com"
<uhopecommunity@gmail.com>

Dionne (Deedee) Ferrell

Youth Program Coordinator

Youth and Community Services Division

Department of Community Development

404-375-4799 (office)

Connect with Fulton County:

[Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#) |
[FGTV](#) | [#OneFulton E-News](#)

From: Ferrell, Dionne

Sent: Thursday, June 12, 2025 9:07 AM

To: Manfred Michel <manfredmichel1862@gmail.com>

Subject: Approved COI Waivers and Instructions

Good morning,

Your waivers have been approved. Please upload the COI, all three waivers (both pages) and this email in its entirety in (pdf) format into WebGrant. Once this is complete please let me know so that I can review the documents and send you to the contract phase.

Dionne (Deedee) Ferrell

Youth Program Coordinator

Youth and Community Services Division

Department of Community Development

404-375-4799 (office)

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[Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#) |
[FGTV](#) | [#OneFulton E-News](#)

From: Manfred Michel

<manfredmichel1862@gmail.com>

Sent: Wednesday, June 11, 2025 2:39 PM

To: Ferrell, Dionne <Dionne.Ferrell@fultoncountyga.gov>

Subject: Re: COI

No

On Wed, Jun 11, 2025, 11:52 AM Ferrell, Dionne
<Dionne.Ferrell@fultoncountyga.gov> wrote:

Good morning,

Does staff utilize personal vehicles for the program?

Dionne (Deedee) Ferrell

Youth Program Coordinator

Youth and Community Services Division

Department of Community Development

404-375-4799 (office)

Connect with Fulton County:

[Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#) |
[FGTV](#) | [#OneFulton E-News](#)

From: Manfred Michel

<manfredmichel1862@gmail.com>

Sent: Wednesday, June 11, 2025 11:12 AM

To: Ferrell, Dionne <Dionne.Ferrell@fultoncountyga.gov>

Subject: Re: COI

Thank you

On Wed, Jun 11, 2025 at 11:11 AM Manfred Michel
<manfredmichel1862@gmail.com> wrote:

application submitted

On Wed, Jun 11, 2025 at 10:46 AM Ferrell, Dionne
<Dionne.Ferrell@fultoncountyga.gov> wrote:

Please let me know once submitted.

Dionne (Deedee) Ferrell

Youth Program Coordinator

Youth and Community Services Division

Department of Community Development

404-375-4799 (office)

Connect with Fulton County:

[Website](#) | [Facebook](#) | [Twitter](#) | [Instagram](#)
| [FGTV](#) | [#OneFulton](#) E-News

From: Manfred Michel

<manfredmichel1862@gmail.com>

Sent: Wednesday, June 11, 2025 10:25 AM

To: Ferrell, Dionne <Dionne.Ferrell@fultoncountyga.gov>

Subject: COI

We Ferrell: Our professional liability insurance covers abuse and sexual misconduct. Look at the insurance summary. Thank you Manfred L. Michel (c) Hays/CDC, Inc.

Ms Ferrell

Our professional liability insurance covers abuse and sexual misconduct. Look at the insurance summary.

Thank you

Manfred L. Michel

U Hope CDC, Inc

3 attachments



**U HOPE COI Waiver Request - Workers Comp
Approved.pdf**

168K



**U HOPE COI Waiver Request - Umbrella
Insurance Approved.pdf**

168K



**U HOPE COI Waiver Request - AUTO
Approved.pdf**

168K

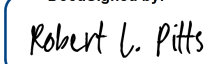
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.


OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME U Hope CDC, Inc.

DocuSigned by:

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

DocuSigned byName of Signatory: Aletha Scott-Mallory

Title of Signatory: CEO
4869C461FDEE445...
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

DocuSigned byName of 2nd Signatory: **Manfred L. Michdel**

Title of 2nd Signatory: **Housing**
22EC87E112CD46D...
Second Authorized Signature

(Affix County Seal)



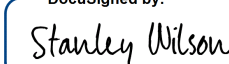
(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
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

☒ 2ND RM

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

Certificate Of Completion

Envelope Id: 31664CF8-651D-4F5C-866A-044E05015FF9

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-U Hope CDC, Inc.-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 36

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US &

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.175.12

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/24/2025 11:23:27 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Aletha Scott-Mallory

uhopecommunity@gmail.com

CEO

Security Level: Email, Account Authentication
(None)

DocuSigned by:

4869C461FDEE445...

Sent: 6/24/2025 11:35:23 PM

Resent: 6/25/2025 1:11:25 PM

Viewed: 6/25/2025 4:12:38 PM

Signed: 6/29/2025 2:47:49 PM

Signature Adoption: Drawn on Device

Using IP Address:

2607:fb90:d73d:4a33:74e6:e51e:d395:fd2

Electronic Record and Signature Disclosure:

Accepted: 10/10/2023 11:51:20 AM

ID: a354fe1c-9648-436a-859a-5bc747c536c7

Manfred Michel

manfredmichel1862@gmail.com

Security Level: Email, Account Authentication
(None)

DocuSigned by:

22FC87E112CD46D...

Sent: 6/29/2025 2:47:52 PM

Viewed: 6/30/2025 8:42:55 AM

Signed: 6/30/2025 9:33:24 AM

Signature Adoption: Drawn on Device

Using IP Address: 69.180.45.254

Electronic Record and Signature Disclosure:

Accepted: 6/30/2025 8:42:55 AM

ID: 6447acb2-e3f0-4321-bb8a-c8f3da353a1e

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 45.20.200.178

Sent: 6/30/2025 9:33:28 AM

Resent: 7/1/2025 12:10:42 PM

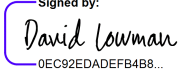

Resent: 7/3/2025 10:45:35 AM

Viewed: 7/3/2025 1:34:15 PM

Signed: 7/3/2025 1:35:03 PM

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: 7/3/2025 1:35:06 PM Viewed: 7/3/2025 1:50:17 PM Signed: 7/3/2025 1:50:24 PM
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: 7/3/2025 1:50:27 PM Resent: 7/10/2025 10:19:19 AM Viewed: 7/14/2025 3:31:53 PM Signed: 7/14/2025 3:34:13 PM
Electronic Record and Signature Disclosure: Accepted: 7/14/2025 3:31:53 PM ID: e4ed7b3b-e195-42a6-86fc-c64c74e8779f		
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: 7/14/2025 3:34:16 PM Viewed: 7/14/2025 3:35:49 PM Signed: 7/14/2025 3:36:25 PM
Electronic Record and Signature Disclosure: Accepted: 7/14/2025 3:35:49 PM ID: 69724b79-d1e8-4679-87d1-8e0de4966981		
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: 68.208.197.4	Sent: 7/14/2025 3:36:28 PM Viewed: 7/15/2025 10:30:14 AM Signed: 7/15/2025 10:30:43 AM
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: 7/15/2025 10:30:47 AM Viewed: 7/15/2025 11:40:14 AM Signed: 7/15/2025 11:40:20 AM
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: 7/15/2025 11:40:25 AM Viewed: 7/15/2025 1:36:15 PM Signed: 7/15/2025 1:36:38 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: 144.125.1.75	Sent: 7/15/2025 1:36:43 PM Viewed: 7/16/2025 4:10:52 PM Signed: 7/16/2025 4:10:59 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: 6/24/2025 11:35:21 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: 6/24/2025 11:35:22 PM Resent: 7/16/2025 4:11:08 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: 6/24/2025 11:35:22 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/16/2025 4:11:03 PM Viewed: 7/17/2025 5:07:23 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/24/2025 11:35:22 PM
Certified Delivered	Security Checked	7/16/2025 4:10:52 PM
Signing Complete	Security Checked	7/16/2025 4:10:59 PM
Completed	Security Checked	7/16/2025 4:11:03 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
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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