



**FULTON
COUNTY**

CONTRACT DOCUMENTS FOR

SWC 99999-SPD-0000136-0008

TEMPORARY STAFFING SERVICES

For

DEPARTMENT OF ARTS AND CULTURE

Contract Agreement

This Agreement for professional temporary staffing to provide the department with approximately 35 part-time staff members to provide services to the County's one Art Center, Community Partnerships and Downtown Main Office for the Arts & Culture department is made and entered into by and between Fulton County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner" and **Corporate Temps** of Norcross, GA, hereinafter referred to as "Consultant" or "Contractor".

Contract Documents

County and Consultant/Contractor agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Temporary Staffing Services, 99999-SPD-0000136-0008
- III. Scope of Services
- IV. Compensation
- V. Exhibits (if applicable)

This Agreement was approved by the Fulton County Board of Commissioners on 12/3/2025 BOC Item: 25-0932 In the amount of \$105,000.00.

Contract Term

The term of the agreement will be effective January 1, 2026 through June 30, 2026.

Modifications

If during the course of performing the Project, County and Consultant/Contractor agree that it is necessary to make changes in the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of Change Orders to this Agreement. Any such Change Order and/or supplemental agreement shall not become effective or binding unless approved by the Board of Commissioners and entered on the minutes. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Indemnification

Consultant/Contractor shall, to the fullest extent permit by law, indemnify the County and protect, defend, indemnity and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or

alleged act or omission of the Consultant/Contractor, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

- b) Violation of any law, statute, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Consultant/Contractor in the performance of Contract services; or
- c) Liens, claims or actions made by the Consultant/Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Consultant/Contractor, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit acts, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Consultant/Contractor agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the 99999-SPD-0000136-0008, Temporary Staffing Services. Consultant/Contractor agrees to maintain insurance coverage during the entire term of this Agreement. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code. . Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit B.

Personnel

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

Reporting Responsibilities

Agency will report directly to the Director of the Department of Registration and Elections, or designated representative.

The parties to this service agreement agree to the above referenced conditions:

OWNER:

CONSULTANT/CONTRACTOR:

FULTON COUNTY, GEORGIA

CORPORATE TEMPS, INC.

Robert L. Pitts

Shawn Menefee

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Shawn Menefee
Director/CEO

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

Chad Alexis

Office of the County Attorney

APPROVED AS TO CONTENT:

David Manuel

David Manuel, Director
Department of Arts and Culture

RCS

X RM

ITEM#: _____ RM: _____	ITEM# 25-0932 2 nd RM 03/25
REGULAR MEETING	SECOND REGULAR MEETING



Certificate of Insurance

EXHIBIT A
FULTON COUNTY PAY AND HOLIDAY
SCHEDULE

FULTON COUNTY 2026 PAY AND HOLIDAY OBSERVANCES CALENDAR

HOLIDAY
 PAY PERIOD ENDING
 PAY DAY
 DEPARTMENT HEAD APPROVAL REQUIRED



JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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12	13	14	15	16	17	18
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26	27	28	29	30	31	

AUGUST						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

										
New Year's Day Thursday January 1	MLK Jr. Day Monday January 19	President's Day Monday February 16	Memorial Day Monday May 25	Juneteenth Friday June 19	Independence Day Friday July 3	Labor Day Monday September 7	Veterans Day Wednesday November 11	Thanksgiving Thursday & Friday November 26 & 27	Christmas Eve & Day Thursday & Friday December 24 & 25	New Year's Holiday Thursday & Friday Dec. 31 & Jan. 1

EXHIBIT B
CERTIFICATE OF INSURANCE

EXHIBIT C
GEORGIA SECURITY AND
IMMIGRATION CONTRACTOR
AFFIDAVIT AND AGREEMENT

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

121762

Federal Work Authorization User Identification Number

5/2008

Date of Authorization

Corporate Temps, Inc.
Name of Contractor

Temporary Staffing Services
Name of Project

Corporate Temps, Inc.
Name of Public Employer

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

Executed on March 8, 2024 in Dorcross (city), GA (state).

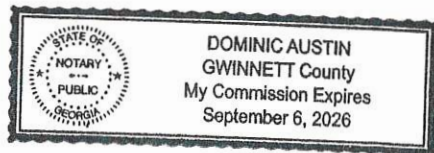
Renee White
Signature of Authorized Officer or Agent

Renee White, VP, National Accounts
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 8th DAY OF March, 2024.

Dominic Austin

NOTARY PUBLIC
My Commission Expires: 9-6-26



SCOPE OF SERVICES

Administrative Assistants are needed to help with the day-to-day administrative tasks of the department. Applicants should have good organizational skills, be detail oriented, and familiar with office-related duties. At least one year of Administrative experience required.

After Camp Coordinators are needed from 2:30 pm to 6:00 pm to supervise campers and to schedule activities after regular programming concludes each day. Applicants should have experience working with and creating engaging activities for children, be well organized, detail oriented, problem solvers, and adaptable.

Camp Assistants are needed to support instructors during class as well as provide supervision of campers before, during, and after camp. Applicants should have experience working with art and children.

Camp Coordinators are responsible for day-to-day camp operations, supervising camp staff, resolving minor issues, and helping to maintain an environment that is conducive for learning. Applicants should have experience working with children, be well organized, detail oriented, problem solvers, and adaptable. Management experience preferred.

Instructors are needed in Dance, Music, Theatre, and Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, Ceramics, Film, Video, and Yoga. STEAM instructors are needed in programming, science, and technology. Applicants should have formal training in one or more artistic discipline; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Instructors (Computer technology) are needed to teach various computer software, programs, and applications to adults and teens

Instructors (Fiber Arts) are needed to instruct the various processes and technics used to create art using textile such as quilting, sewing, crochet/knitting, bead embroidery.

Instructors (STEAM) are needed to instruct science, technology, computer coding, aerospace/engineering to youth and teens.

Instructors (Yoga) is needed to instruct fitness and wellness through various stretching poses that promote strength and agility in seniors and adults. Must be certified.

Musicians are needed to support instructors during classes that require the use of live music as well as provide musician support during live Summer Camp performances. Must be able to read sheet music is required for specific programs, and perform improvisational pieces as needed. Helps students and Music instructor create original songs as needed. Ability to read sheet music and improvisational skills, two years music performance

experience, and experience working with children.

Program Assistants are needed to support administration and instructors during weekly classes as well as preparing class rooms for instruction, providing supplies for instruction and provide supervision of students before, during, and after classes.

Teen Academy Assistants are needed to support instructors during class as well as to provide supervision of participants. Applicants should be at least 21 years old, majoring in an area of the arts, and have experience working with youth.

Teen Artist Academy Instructors are needed in Creative Writing, Dance, Instrumental Music, Theatre, Voice, Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, and Ceramics, digital media and STEAM. Applicants should have formal training and professional experience in the various discipline they want to teach; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Theatre Technicians (Lighting & Sound) are needed to support programs and events in the Black Box Theatre. Duties include operating the light and sound board during programs and events. Setting up microphones and other equipment. Troubleshooting and resolving sound and lighting issues. Maintaining the Lighting & Sound Room and equipment. Installing Lights and replacing blown bulbs. Operating Video Projection System. At least 2 years of experience as lead technician for Theatrical Productions and events required.

ATTACHMENT B
COMPENSATION

Fulton County Department of Arts and Culture

2025 Corporate Temps Part-Time Staffing Needs

Total Positions: 35

POSITIONS NEEDED FOR ADMINISTRATIVE DUTIES	# of Positions	Hourly Salary	# Hours Monthly	# of Months	Total Cost
Administrative Assistant – Main Office	1	\$20	160	4	\$11,032
Sub-Total	1				\$11,032
EMMA DARNELL AVIATION MUSEUM & CONFERENCE CENTER POSITIONS					
Administrative/Program Assistant	1	\$15	20	10	\$3000
After Camp Coordinator	1	\$18	63	1	\$1134
Camp Assistant	4	\$10	140	1	\$5600
Camp Coordinator	1	\$18	140	1	\$2520
Computer Technology Instructor	1	\$15	140	1	\$2100
Dance Instructor	1	\$15	140	1	\$2100
Dance Instructor, Adult	1	\$25	6	7	\$1050
Dance Instructor, Youth	1	\$25	12	7	\$2100
Fiber Arts Instructor	2	\$25	12	7	\$4200
Musical Theatre Instructor	1	\$15	140	1	\$2100
Steam/Technology Instructor	1	\$25	6	7	\$1050
Teen Academy Assistant	1	\$10	105	1	\$1050
Teen Artist Academy Instructor	2	\$15	205	1	\$6150
Visual Arts Instructor	2	\$25	12	7	\$4200
Yoga Instructor	1	\$35	12	7	\$2940
Sub-Total	21				\$41,294

Fulton County Department of Arts and Culture

Corporate Temps Proposed Contract Information

WEST END POSITIONS	# of Positions	Hourly Salary	# Hours Monthly	# of Months	Total Cost
Administrative/Program Assistant	1	\$15	86	12	\$15480
Camp Assistant	3	\$10	115	2	\$6900
Camp Coordinator	1	\$18	129	2	\$4644
Camp Theatre Technician (Lighting & Sound)	1	\$15	50	2	\$1500
Dance Instructor	1	\$25	15	9	\$3375
Dance Instructor Artist (Music)	1	\$15	115	3	\$5175
Music Instructor	1	\$15	115	2	\$3450
Musician/African Drummer	1	\$20	15	9	\$2700
Teen Academy Assistant	1	\$10	90	1	\$900
Theatre Instructor	1	\$25	15	9	\$3375
Theater Instructor	1	\$15	115	3	\$5175
Sub-Total	13				\$52,674
GRAND TOTAL	35				\$105,000

COMPENSATION

Services provided under Attachment A shall be compensated on an hourly rate basis for a total not to exceed amount of \$105,000.00 (One Hundred Five Thousand Dollars and Zero Cents). The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

INVOICING AND PAYMENT

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

Time of Payment: The County shall make payments to Consultant within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

Submittal of Invoices: Invoices shall be submitted as follows:

Via Mail:

Fulton County Government
141 Pryor Street, SW
Suite 7001
Atlanta, Georgia 30303
Attn: Finance Department – Accounts Payable

OR

Via Email:

Email: Accounts.Payable@fultoncountyga.gov

At minimum, original invoices must reference all of the following information:

- 1) Vendor Information
 - a. Vendor Name
 - b. Vendor Address
 - c. Vendor Code
 - d. Vendor Contact Information

- e. Remittance Address
- 2) Invoice Details
- a. Invoice Date
 - b. Invoice Number (uniquely numbered, no duplicates)
 - c. Purchase Order Reference Number
 - d. Date(s) of Services Performed
 - e. Itemization of Services Provided/Commodity Units
- 3) Fulton County Department Information (needed for invoice approval)
- a. Department Name
 - b. Department Representative Name

Consultant's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

ATTACHMENT C
SERVICE LEVEL AGREEMENT



SERVICE LEVEL AGREEMENT

Scope of Work Requirement	Performance Goal	Reporting Requirement
Requisition to selection ratio Average time to submit at least three (3) and no more than five (5) qualified candidates.	Three (3) business days.	Quarterly
Selected candidates will be available to start and assignment in no more than two (2) weeks.	Pre-employment Screening will be completed within two (2) weeks of the selection.	Quarterly
Selected candidate will not be released within 1 week, due to misrepresentation of qualifications.	95% Satisfaction	Quarterly
Employee will provide no less than a two (2) week notice when ending an active assignment before the agreed upon end date.	95% Compliance	Quarterly
A replacement resource will be provided with a gap of no more than three (3) business days.	95% Compliance	Quarterly
Contract compliance with state and federal employment regulations, contractor performance, employment regulations, taxes and insurance.	100% Compliance	Annual audit report submitted to the DOAS Contract Administrator (unless otherwise requested)
Customer satisfaction results measuring effectiveness and responsiveness of Supplier to providing services within the scope of this contract.	No less than 90% Satisfaction	Quarterly
Supplier shall provide Contingent Workforce Labor to all current and potential sites within the Georgia for all job categories and must have strategies to meet employment demands rural and metro cities and counties. The quality of candidates must be consistent throughout the entire State.	No less than 90% Satisfaction	Quarterly
The supplier shall have a process to monitor for overcharges and to provide credits to the authorized user within no more than seven (7) business days.	100% Compliance	Quarterly



**CONTRACT AMENDMENT # 10
EXTENSION # 4**

This amendment by and between the Contractor and State Entity defined below shall be effective as of the date this Amendment is fully executed.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Department of Administrative Services
Contractor's Full Legal Name:	CORPORATE TEMPS 2000
Contract No.:	99999-001-SPD0000136-0008
Solicitation Title/Event Name:	Temporary Staffing Services
Contract Award Date:	July 1, 2017
Current Contract Term:	July 1, 2024 – June 30, 2025

BACKGROUND AND PURPOSE. The Contract is in effect through the Current Term provided above. The parties hereto now desire to amend the contract to extend for an additional term of twelve months, to establish the pricing schedule for this statewide contract and to modify the insurance requirements.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

- CONTRACT EXTENSION.** The parties hereby agree that the contract will be extended for an additional period of time as follows:

NEW CONTRACT TERM	
Beginning Date of New Contract Term:	July 1, 2025
End Date of New Contract Term:	June 30, 2026

The parties agree the contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to extend the contract for an additional period of time.

CONTRACT NUMBER: 99999-001-SPD0000136-0008

2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
3. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto. Should the State of Georgia (DOAS) enter into a new contract for these products and/or services, during the term of this Extension, the new contract shall supersede this Extension.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	&25325\$7(□7(036□□,1&□
Authorized Signature:	eSigned by: RENEE WHITE <small>10/05/2025 10:45:50 UTC</small>
Printed Name and Title of Person Signing:	5HQHH□:KLWH
Date:	0DUFK□□□□□□□□
Company Address:	□□□□□/LYH□2DN□3DUNZD\□□6WH□□□□□ 1RUFURVV□□*\$□□□□□□

STATE ENTITY

Authorized Signature:	<i>Jim Barnaby</i>
Printed Name and Title of Person Signing:	Jim Barnaby Deputy Commissioner State Purchasing Division
Date:	4/28/2025
Company Address:	200 Piedmont Avenue, S.E., Suite 1804, West Tower Atlanta, Georgia 30334-9010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/07/2026

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 Fallaize Insurance Agency, Inc. P. O. Box 920128 Norcross GA 30010-0128	CONTACT NAME: Karra LaPointe PHONE (A/C, No, Ext): (770) 242-8842 FAX (A/C, No): (770) 242-3564 E-MAIL ADDRESS: karra@fallaize.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: AmFed Casualty Insurance Company NAIC # 11963	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2512113249 **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
	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 - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC125-6007224	12/01/2025	12/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER Fulton County Government 141 Pryor Street Suite 1029 A Atlanta GA 30303	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

AGENCY CUSTOMER ID: 00009003

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Fallaize Insurance Agency, Inc.		NAMED INSURED Corporate Temps Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

Statewide Contracts for Arts and Culture
 #99999-001-SPD0000136-0008

ADDITIONAL COVERAGES

Ref #	Description Waiver of Subrogation - City of Dallas	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/08/2026

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 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 Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, Ga. 30052	CONTACT NAME: Alfonza Hatcher	FAX (A/C, No): 678-404-8505	
	PHONE (A/C, No, Ext): 678-404-8502	E-MAIL ADDRESS: hatcherins@aol.com	
INSURED Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross, GA. 30093-1743	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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.

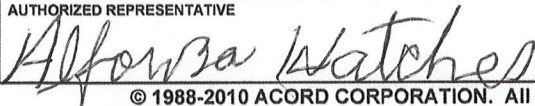
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$									
A	CYBER LIABILITY			PHSD1811838-006	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000. \$ \$									
A	PROFESSIONAL LIABILITY (E & O)	Y		PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 1,000,000. AGGREGATE \$ 2,000,000. \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
WC STATU-TORY LIMITS	OTH-ER															
E.L. EACH ACCIDENT	\$															
E.L. DISEASE - EA EMPLOYEE	\$															
E.L. DISEASE - POLICY LIMIT	\$															
A	EMPLOYEE DISHONESTY (Fidelity Bond)			PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: \$ 3,000,000. Aggregate Limit: \$ 3,000,000.									

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

Temporary Personnel Services.

 Fulton County Government as Additional Insured.

 Statewide Contracts for Arts and Culture
 #99999-001-SPD0000136-0008

CERTIFICATE HOLDER Fulton County Government 141 Pryor Street, Suite 1029A Atlanta, GA. 30303	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Certificate Of Completion

Envelope Id: 746E9C90-C91F-4B59-98F6-C2B52027D3DC
 Subject: Temporary Staffing - Statewide Contract for Arts and Culture
 Parcel ID:
 Employee Name:
 Source Envelope:
 Document Pages: 26
 Certificate Pages: 6
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed
 Envelope Originator:
 Brian Jones
 141 Pryor Street
 Purchasing & Contract Compliance, Suite 1168
 Atlanta, 30303
 brian.jones@fultoncountyga.gov
 IP Address: 144.125.1.75

Record Tracking

Status: Original
 4/6/2026 2:41:01 PM
 Security Appliance Status: Connected
 Holder: Brian Jones
 brian.jones@fultoncountyga.gov
 Pool: StateLocal
 Location: DocuSign

Signer Events

Shawn Menefee
 shawn@corporatetemps.com
 Director/CEO
 Corporate Temps
 Security Level: Email, Account Authentication (None)

Signature

Signature Adoption: Drawn on Device
 Using IP Address: 50.243.212.245

Timestamp

Sent: 4/6/2026 2:53:54 PM
 Viewed: 4/7/2026 7:44:38 AM
 Signed: 4/8/2026 3:40:02 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/7/2026 7:44:38 AM
 ID: e942f917-6883-4aab-b4f1-2b8c0cc346c4

David Manuel
 David.Manuel@fultoncountyga.gov
 Director of Arts & Culture
 Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style
 Using IP Address:
 2600:1702:8b81:fdc0:9555:eff9:4344:7300

Sent: 4/8/2026 3:40:06 PM
 Viewed: 4/8/2026 3:41:04 PM
 Signed: 4/9/2026 10:13:42 AM

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

Chad Alexis
 chad.alexis@fultoncountyga.gov
 Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style
 Using IP Address: 74.174.59.10

Sent: 4/9/2026 10:13:44 AM
 Viewed: 4/9/2026 1:24:56 PM
 Signed: 4/9/2026 1:31:45 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/9/2026 1:24:56 PM
 ID: 6237b82c-257b-4272-9a4b-494020d9a89b

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: 134.231.232.249

Sent: 4/9/2026 1:31:49 PM
 Viewed: 4/9/2026 3:24:01 PM
 Signed: 4/9/2026 3:34:26 PM

Signer Events	Signature	Timestamp
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Electronic Record and Signature Disclosure:
Accepted: 11/27/2017 1:39:37 PM
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts
harriet.thomas@fultoncountyga.gov
Chairman
Fulton County
Security Level: Email, Account Authentication
(None)

Robert L. Pitts

Signature Adoption: Pre-selected Style
Using IP Address: 74.174.59.10

Sent: 4/9/2026 3:34:31 PM
Viewed: 4/10/2026 8:15:22 AM
Signed: 4/10/2026 8:15:31 AM

Electronic Record and Signature Disclosure:
Accepted: 4/10/2026 8:15:22 AM
ID: de9a01f2-3553-4868-b9c2-3a273489b9eb

Tonya Grier
tonya.grier@fultoncountyga.gov
Clerk to the Commission
Fulton County Government
Security Level: Email, Account Authentication
(None)

Tonya Grier



Signature Adoption: Uploaded Signature Image
Using IP Address: 74.174.59.10

Sent: 4/10/2026 8:15:35 AM
Viewed: 4/10/2026 8:16:53 AM
Signed: 4/10/2026 9:03:24 AM

Electronic Record and Signature Disclosure:
Accepted: 10/27/2025 11:21:47 AM
ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Brian Jones
brian.jones@fultoncountyga.gov
President-Elect
Fulton County Government
Security Level: Email, Account Authentication
(None)

VIEWED
Using IP Address: 84.37.213.115

Sent: 4/10/2026 9:03:30 AM
Viewed: 4/10/2026 9:10:48 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
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Dian DeVaughn
dian.devaughn@fultoncountyga.gov
Security Level: Email, Account Authentication
(None)

COPIED

Sent: 4/10/2026 9:10:48 AM
Viewed: 4/10/2026 9:15:03 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/6/2026 2:53:55 PM
Certified Delivered	Security Checked	4/10/2026 9:10:48 AM
Signing Complete	Security Checked	4/10/2026 9:03:24 AM
Completed	Security Checked	4/10/2026 9:10:48 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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

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

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

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

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- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
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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