



FULTON COUNTY

COOPERATIVE CONTRACT DOCUMENTS FOR

**City of Jacksonville, ITQ16332-25 Consulting Services
for Telecom Billing, Error Detection and Correction
Management**

For

Department of Information Technology

Contract Agreement

This Agreement for Consulting Services for Telecom Billing, Error Detection and Correction Management for the Department of Information Technology 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 S2K Consulting, Inc, hereinafter referred to as "S2K" or "Consultant."

Contract Documents

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

- I. Form of this Contract Agreement
- II. Terms and Conditions of City of Jacksonville, ITQ16332-25 Consulting Services for Telecom Billing, Error Detection and Correction Management
- III. Exhibit A: Statement of Work
- IV. Exhibit B: Compensation
- V. Exhibit C: Certificate of Insurance
- VI. Exhibit D: Georgia Security and Immigration Consultant Affidavit

This Agreement was approved by the Fulton County Board of Commissioners on December 17, 2025; BOC Item #25-0962.

Scope of Work

The County hereby engages S2K to perform and S2K agrees to perform for the County, all work required by this Agreement to perform all tasks described in the Statement of Work contained in Exhibit A, Statement of Work.

Contract Modifications

If during the course of performing the Project, County and S2K agree that it is necessary to make changes in the Project as described herein and referenced exhibits or to the term of this Agreement, 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 and signed by both parties. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Compensation

Compensation for work performed by S2K on this Project shall be in accordance with the payment provisions and compensation schedule included in each Statement of Work contained in Exhibit A.

Compensation in the amount of 38% of the identified telecommunications cost savings, based on Fulton County's total annual telecom expenses baseline of \$4,200,625.56 (AT&T - \$3,374,220.24; Comcast - \$826,405.32).

Insurance

S2K agrees to obtain and maintain during the entire term of this Agreement, the following levels of insurance: (a) Commercial General Liability of at least \$1,000,000; (b) Automobile Liability of at least \$1,000,000; (c) Professional Liability of at least \$2,000,000; (d) Workers Compensation complying with applicable statutory requirements; (e) Excess/Umbrella Liability of at least \$3,000,000; (f) Employment Practices Liability \$25,000.00 with the County as an additional insured and shall furnish the County a Certificate of Insurance showing the required coverage

S2K shall provide written notice to Fulton County Government immediately if it becomes aware of or receives notice from any insurance consultant that coverage afforded under such policy or policies shall expire, be cancelled or materially altered. Certificates of Insurance are to list Fulton County Government, Its Employees, Servants and Agents as an Additional Insured (except for Workers' Compensation), using Travelers Blanket Additional Insured Endorsement CGD246 or its equivalent for ongoing operations and completed operations for two years after substantial completion of S2K's work.

S2K's insurance shall apply as Primary Insurance before any other insurance or self-insurance, including any deductible, non-contributory, and Waiver of Subrogation provided in favor of Fulton County.

Contract Term

The agreement shall be effective upon contract execution and commence upon issuance of Notice to Proceed to December 31, 2026.

Termination of Agreement for Cause

- (1) Either County or S2K may terminate work under this Agreement in the event the other party fails to perform in accordance with the provisions of the Agreement. Any party seeking to terminate this Agreement is required to give thirty (30) days prior written notice to the other party.
- (2) Notice of termination shall be delivered by certified mail with receipt for delivery returned to the sender.
- (3) **TIME IS OF THE ESSENCE** and if S2K refuses or fails to perform the work as specified in Exhibit C, Scope of Work and maintain the scheduled level of effort as proposed, or any separable part thereof, with such diligence as will ensure completion of the work within the specified time, or any extension or tolling thereof, or fails to complete said work within such time. The County may exercise any remedy available under law or this Agreement. Failure to maintain the scheduled

level of effort as proposed or deviation from the aforesaid proposal without prior approval of County shall constitute cause for termination.

- (4) The County may, by written notice to S2K, terminate S2K's right to proceed with the Project or such part of the Project as to which there has been delay. In such event, the County may take over the work and perform the same to completion, by contract or otherwise, and S2K shall be required to provide all copies of finished or unfinished documents prepared by S2K under this Agreement to the County.
- (5) S2K shall be entitled to receive compensation for any satisfactory work completed on such documents as reasonably determined by the County.
- (6) Whether or not S2K's right to proceed with the work has been terminated, S2K shall be liable for any damage to the County resulting from S2K's refusal or failure to complete the work within the specified time period, and said damages shall include, but not be limited to, any additional costs associated with the County obtaining the services of another S2K to complete the project.

Termination for Convenience of County

Notwithstanding any other provisions, the County may terminate this Agreement for its convenience at any time by a written notice to S2K. If the Agreement is terminated for convenience by the County, as provided in this article, S2K will be paid compensation for those services actually performed. Partially completed tasks will be compensated for based on a signed statement of completion to be submitted by S2K which shall itemize each task element and briefly state what work has been completed and what work remains to be done.

If, after termination, it is determined that S2K was not in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the government.

Indemnification

Consultant shall indemnify the County and protect, defend, 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, sub-consultants, anyone directly or indirectly employed by any firm or sub-consultant; 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 in the performance of Contract services; or
- c) Liens, claims or actions made by the Consultant 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, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, 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.

Notices

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

Notice to County, shall be addressed as follows:

Chief Information Officer
141 Pryor Street SW, Suite 9049
Atlanta, GA 30303
Attn: Kevin Kerrigan
E-mail: kevin.kerrigan@fultoncountyga.gov

With a copy to:

Chief Purchasing Agent
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W., Suite 1168
Atlanta, Georgia 30303
Attn: Felicia Strong-Whitaker
Email: felicia.strong-whitaker@fultoncountyga.gov

Notices to S2K shall be addressed as follows:

President
S2K Consulting, Inc.
1701 Westchester Ave
Winter Park, FL 32789-5433
Attn: Sherry Bellomo
Email: sbellomo@s2kconsulting.com

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

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA

S2K CONSULTING, INC

Robert L. Pitts

Sherry Bellomo

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Sherry Bellomo
President

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:

Kevin Kerrigan

Kevin Kerrigan
Chief Information Officer

ITEM#: _____ RM: _____
REGULAR MEETING

ITEM#: 25-0962 2ND RM: 12/17/2025
SECOND REGULAR MEETING

EXHIBIT A

STATEMENT OF WORK

The attached Statement of Work (“SOW”) provides all necessary work and tasks to be performed with a description of the Project’s requirements, statement of work to be provided, project deliverables, and timelines.

STATEMENT OF WORK

1. Introduction

This Statement of Work (SOW) outlines the scope, objectives, deliverables, and responsibilities for conducting telecom audit services for the Fulton County Information Technology Department. The primary goal is to review, analyze, and reduce telecommunications expenses, contracts, and usage to ensure cost efficiency, compliance, and operational effectiveness

2. Background

The Fulton County Information Technology Department manages a range of telecommunications services and assets, including voice, data, and wireless services. Due to evolving technological needs and complex billing structures, a comprehensive audit is necessary to identify cost-saving opportunities, billing errors, and contract optimization strategies

3. Statement of Work

The telecom audit will include, but is not limited to, the following tasks:

- Inventory and Asset Management
- Catalog all voice and data services in use
- Financial Examination and Audit
- Analyze telecom invoices, contracts, and billing statements for errors, overcharges, and compliance with contractual terms
- Identify and recover erroneous charges, credits, or refunds from prior years
- Benchmarking costs and services against industry standards
- Usage and Traffic Analysis
- Assess service utilization to identify underused or unnecessary services
- Contract Review and Optimization
- Evaluate existing telecom contracts for compliance, redundancy, and optimization opportunities

- Recommend restructuring or renegotiating contracts, leases, and maintenance agreements.
- Cost Savings and Optimization
- Provide actionable recommendations for immediate and long-term cost reduction
- Reporting
- Deliver a detailed audit report summarizing findings, savings opportunities, claims processed, and actionable recommendations

4. Deliverables

- Comprehensive inventory of telecom assets and services (Excel format preferred)
- Written audit report including:
 - Telecom spend by carrier (AT&T, Comcast and GTA)
 - Identified billing errors and contractual issues
 - Summary of claims processed (with dates and amounts)
 - Recommendations for cost savings and optimization
 - Identified telecom expense reductions and cost savings (one-time and recurring)
 - Monthly progress updates on audit activities and savings achieved
 - Project plan and timeline for completion of analysis and claims processing
 - Success criteria: Completion of all outlined deliverables

5. Roles and Responsibilities

- Telecom Vendor/Auditor: S2K Consulting, Inc
- Conduct all audit activities as described in the scope and deliverables.
- Communicate findings and recommendations in a timely manner.

- Maintain confidentiality and comply with all relevant policies and standards
 - Fulton County Information Technology Department
 - Provide access to required records, billings/invoices, and contracts.
 - Provide list of pending disputes, reductions and disconnects.
 - Designate a point of contact for coordination and approvals.
-

6. Timeline

- Project kickoff: Upon execution of contract and to commence upon issuance of notice to proceed until December 31, 2026.
 - Data collection and inventory
 - Analysis and audit
 - Draft report
 - Final report and recommendations
-

7. Acceptance Criteria

- All deliverables must be submitted in the agreed format and meet the quality standards set by the Fulton County Information Technology Department.
 - Recommendations must be actionable and supported by documented findings
-

8. Assumptions and Constraints

- The audit will be limited to telecom services and assets managed by the Fulton County Information Technology Department.
 - Timely cooperation and access to information from internal stakeholders are required for successful completion
-

9. Approval

This SOW is effective upon signature by authorized representatives of both parties.

EXHIBIT B COMPENSATION

Consultant under Exhibit A shall be compensated in the amount of 38% of the identified telecommunications cost savings, based on Fulton County's total annual telecom expenses baseline of \$4,200,625.56 (AT&T - \$3,374,220.24; Comcast - \$826,405.32).

COMEPENSATION

Structuring Split Revenue from Telecom Cost Savings

Contingency-Based (Performance-Based) Model

Fulton County Information Technology has selected the best practice and industry-standard approach; the contingency-based / performance-based model. In this structure:

- The Consultant is paid thirty eight percent (38%) of the actual, verified cost savings or refunds they secure for Fulton County Information Technology as a direct result of the audit. For example, if the audit results in \$1,000,000 in verified annual savings and the agreed split is 38%, the Consultant receives \$380,000 (either as a lump sum or over the savings period).
- No upfront fees are required; payment is only made when savings are realized, aligning the Consultant's incentives with Fulton County Information Technology's cost-reduction goals

Payment Terms:

- Payments to the Consultant are made after the savings are realized and verified—either as a lump sum for one-time savings or as a percentage of monthly savings for a defined period (12 months).
- The agreement should specify the documentation and verification process for all savings before payment is released

S2K Consulting, Inc shall be compensated at a rate of 38% of all verified cost savings, credits, or refunds directly attributable to their audit findings and recommendations, payable upon realization and verification of such savings by the client. Savings are defined as reductions in telecom expenses, elimination of erroneous charges, or refunds/credits obtained because of the audit. The County retains the right to audit or verify the Consultant's calculations and support documentation

INVOICING AND PAYMENT

Consultant shall submit a monthly invoice for work performed during the previous month, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services provided during the billing period. 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.

EXHIBIT C
CERTIFICATE OF INSURANCE

EXHIBIT D
GEORGIA SECURITY AND IMMIGRATION CONSULTANT
AFFIDAVIT AND AGREEMENT



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	S2K Consulting, Inc.
Project No. and Project Title:	

CONTRACTOR AFFIDAVIT

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

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

444663

08-30-2011

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

Date of Authorization

Sheryl Bellomo

Authorized Officer or Agent
(Name of Contractor)

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

Sheryl Bellomo

President

Printed Name (of Authorized Officer or Agent of Contractor)

Title (of Authorized Officer or Agent of Contractor)

Sheryl Bellomo
Signature (of Authorized Officer or Agent)

03-02-2026

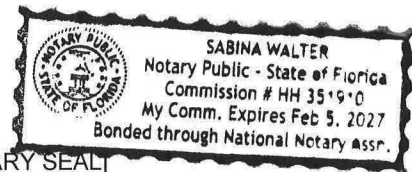
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

2 DAY OF March, 20 20

Sabina Walter
Notary Public Sabina Walter

[NOTARY SEAL]



My Commission Expires: 2/5/2027

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2026

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 BizInsure LLC 2950 Buskirk Ave Suite 300 Walnut Creek, CA. 94597,USA	CONTACT NAME: Pavel Yurkov PHONE (A/C, No, Ext): 1-877-900-9998 FAX (A/C, No): E-MAIL ADDRESS: support@bizinsure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Hiscox NAIC # 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 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 - COM/OP 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 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						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (E&O)			HSX101893-01	10/28/2025	10/28/2026	Coverage: \$1,000,000 Aggregate: \$1,000,000 Deductible: \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 This certificate is issued for evidence purposes only.

CERTIFICATE HOLDER Fulton County 141 Pryor Street SW ATLANTA, GA 30303 LOAN #: ID #:	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 <i>Pavel Yurkov</i>
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Fulton County

Legislation Details

File #: 25-0962 **Version:** 1 **Name:**

Type: CM Action Item - Open & Responsible Government **Status:** Passed

File created: 8/18/2025 **In control:** Board of Commissioners

On agenda: 12/17/2025 **Final action:** 12/17/2025

Title: Request approval to utilize cooperative purchasing - Information Technology, City of Jacksonville, ITQ 16332-25, Consulting Services for Telecom Billing, Error Detection and Correction Management with SK2 Consulting, Inc., (Winter Park, FL) to conduct an audit to review, analyze, and reduce telecommunications expenses, contracts, and usage to ensure cost efficiency, regulatory compliance, and operational effectiveness. Compensation in the amount of 38% of the identified telecommunications cost savings, based on Fulton County's total annual telecom expenses baseline of \$4,200,625.56 (AT&T - \$3,374,220.24; Comcast - \$826,405.32). Effective upon execution of contract for twelve months. (APPROVED)

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1 - ATT Fulton County Site Inventory, 2. Exhibit 2 - Comcast Fulton County Site Inventory, 3. Exhibit 3 - FCIT Telecom Audit SOW, 4. Exhibit 4 - S2K Telecom Billing Review Engagement Letter, 5. Exhibit 5 City of Jacksonville AwardNotice, 6. Exhibit 6 City of Jacksonville Bid

Date	Ver.	Action By	Action	Result
12/17/2025	1	Board of Commissioners	approve	Pass

Certificate Of Completion

Envelope Id: C6464AAE-7091-4533-BD16-F5856454F43E	Status: Sent
Subject: COOPERATIVE PURCHASING CONTRACT AGREEMENT-City of Jacksonville, ITQ16332-25 - S2K	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 19	Signatures: 2
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	
Envelopeld Stamping: Enabled	
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	
	Envelope Originator: Elsa D. Castro 141 Pryor Street Purchasing & Contract Compliance, Suite 1168 Atlanta, 30303 elsa.castro@fultoncountyga.gov IP Address: 144.125.1.75

Record Tracking

Status: Original 3/13/2026 12:36:13 PM	Holder: Elsa D. Castro elsa.castro@fultoncountyga.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	

Signer Events

	Signature	Timestamp
Sherry Bellomo sbellomo@s2kconsulting.com Security Level: Email, Account Authentication (None)	<i>Sherry Bellomo</i> Signature Adoption: Pre-selected Style Using IP Address: 72.239.165.166	Sent: 3/13/2026 12:45:36 PM Viewed: 3/15/2026 7:23:49 AM Signed: 3/16/2026 9:18:35 AM

Electronic Record and Signature Disclosure:
Accepted: 3/15/2026 7:23:49 AM
ID: 23bd95d0-2a19-4acb-9d95-28d79bba9f5e

Kevin Kerrigan Kevin.Kerrigan@fultoncountyga.gov Chief Information Officer Security Level: Email, Account Authentication (None)	<i>Kevin Kerrigan</i> Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10 Signed using mobile	Sent: 3/16/2026 9:18:39 AM Viewed: 3/16/2026 9:18:58 AM Signed: 3/16/2026 9:21:05 AM
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Electronic Record and Signature Disclosure:
Not Offered via Docusign

Chad Alexis Chad.Alexis@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 3/16/2026 9:21:08 AM Resent: 3/17/2026 4:09:31 PM Viewed: 3/18/2026 2:31:35 PM
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Electronic Record and Signature Disclosure:
Accepted: 3/18/2026 2:31:35 PM
ID: c4dd540f-f4f2-4326-a342-b79a3edf036c

Nikki Peterson
nikki.peterson@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

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

Signer Events	Signature	Timestamp
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Robert L. Pitts
 harriet.thomas@fultoncountyga.gov
 Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
 Accepted: 3/16/2026 4:56:32 PM
 ID: 247a96a4-7a1a-4716-b901-782711b4b85a

Tonya R. Grier
 tonya.grier@fultoncountyga.gov
 Security Level: Email, Account Authentication (None)
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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Carbon Copy Events	Status	Timestamp
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Dian DeVaughn
 dian.dev Vaughn@futoncountyga.gov
 Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
 Not Offered via Docusign

Anne Wilson
 Anne.Wilson@fultoncountyga.gov
 Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
 Not Offered via Docusign

Nadine Outlaw
 Nadine.Outlaw@fultoncountyga.gov
 Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
 Not Offered via Docusign

Katie Steuck
 ksteuck@s2kconsulting.com
 Security Level: Email, Account Authentication (None)
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
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/13/2026 12:45:36 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

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

Getting paper copies

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

Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

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

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

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

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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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- 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

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2026

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 BizInsure LLC 2950 Buskirk Ave Suite 300 Walnut Creek, CA. 94597,USA	CONTACT NAME: Pavel Yurkov PHONE (A/C, No, Ext): 1-877-900-9998 FAX (A/C, No): E-MAIL ADDRESS: support@bizinsure.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Hiscox NAIC # 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 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 <hr/> 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 \$ \$
	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 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						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (E&O)			HSX101893-01	10/28/2025	10/28/2026	Coverage: \$1,000,000 Aggregate: \$1,000,000 Deductible: \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 This certificate is issued for evidence purposes only.

CERTIFICATE HOLDER Fulton County 141 Pryor Street SW ATLANTA, GA 30303 LOAN #: ID #:	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 <i>Pavel Yurkov</i>
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Fulton County

Legislation Details

File #: 25-0962 **Version:** 1 **Name:**

Type: CM Action Item - Open & Responsible Government **Status:** Passed

File created: 8/18/2025 **In control:** Board of Commissioners

On agenda: 12/17/2025 **Final action:** 12/17/2025

Title: Request approval to utilize cooperative purchasing - Information Technology, City of Jacksonville, ITQ 16332-25, Consulting Services for Telecom Billing, Error Detection and Correction Management with SK2 Consulting, Inc., (Winter Park, FL) to conduct an audit to review, analyze, and reduce telecommunications expenses, contracts, and usage to ensure cost efficiency, regulatory compliance, and operational effectiveness. Compensation in the amount of 38% of the identified telecommunications cost savings, based on Fulton County's total annual telecom expenses baseline of \$4,200,625.56 (AT&T - \$3,374,220.24; Comcast - \$826,405.32). Effective upon execution of contract for twelve months. (APPROVED)

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1 - ATT Fulton County Site Inventory, 2. Exhibit 2 - Comcast Fulton County Site Inventory, 3. Exhibit 3 - FCIT Telecom Audit SOW, 4. Exhibit 4 - S2K Telecom Billing Review Engagement Letter, 5. Exhibit 5 City of Jacksonville AwardNotice, 6. Exhibit 6 City of Jacksonville Bid

Date	Ver.	Action By	Action	Result
12/17/2025	1	Board of Commissioners	approve	Pass

Certificate Of Completion

Envelope Id: 31882050-31DD-4823-B28E-22D6D4CDA062	Status: Completed
Subject: COOPERATIVE PURCHASING CONTRACT AGREEMENT-City of Jacksonville, ITQ16332-25 - S2K	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 27	Signatures: 3
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Stamps: 1
Envelope Stamping: Enabled	Envelope Originator:
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Elsa D. Castro
	141 Pryor Street
	Purchasing & Contract Compliance, Suite 1168
	Atlanta, 30303
	elsa.castro@fultoncountyga.gov
	IP Address: 144.125.1.75

Record Tracking

Status: Original	Holder: Elsa D. Castro	Location: DocuSign
3/23/2026 9:25:58 AM	elsa.castro@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	

Signer Events

Signer Events	Signature	Timestamp
Chad Alexis		Sent: 3/23/2026 9:28:24 AM
Chad.Alexis@fultoncountyga.gov		Viewed: 3/23/2026 3:14:04 PM
Security Level: Email, Account Authentication (None)		Signed: 3/23/2026 3:15:29 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 74.174.59.10	

Electronic Record and Signature Disclosure:

Accepted: 3/23/2026 3:14:04 PM
ID: 5c461ac6-01cc-4b1b-882c-d60d5c40c2d6

Nikki Peterson	Completed	Sent: 3/23/2026 3:15:34 PM
nikki.peterson@fultoncountyga.gov		Resent: 3/27/2026 12:14:10 PM
Chief Deputy Clerk to the Board of Commissioners Fulton County Government		Viewed: 3/27/2026 12:17:05 PM
Security Level: Email, Account Authentication (None)	Using IP Address: 74.174.59.10	Signed: 3/30/2026 11:43:49 AM

Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 1:39:37 PM
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts		Sent: 3/30/2026 11:43:53 AM
harriet.thomas@fultoncountyga.gov		Resent: 3/30/2026 4:21:37 PM
Chairman Fulton County		Viewed: 3/30/2026 7:05:23 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	Signed: 3/30/2026 7:05:34 PM
	Using IP Address: 2600:387:2:824::19	
	Signed using mobile	

Electronic Record and Signature Disclosure:

Accepted: 3/30/2026 7:05:23 PM
ID: 5c819f52-acf2-4d64-96b6-c2eea8461dab

Signer Events	Signature	Timestamp
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)</p>	 	<p>Sent: 3/30/2026 7:05:38 PM Viewed: 3/30/2026 7:46:42 PM Signed: 3/31/2026 5:51:16 AM</p>
<p>Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249</p>		

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
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
<p>Dian DeVaughn dian.devaughn@futoncountyga.gov Security Level: Email, Account Authentication (None)</p>	<div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div>	<p>Sent: 3/31/2026 5:51:21 AM</p>
<p>Electronic Record and Signature Disclosure: Not Offered via Docusign</p>		
<p>Sherry Bellomo sbellomo@s2kconsulting.com Security Level: Email, Account Authentication (None)</p>	<div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div>	<p>Sent: 3/31/2026 5:51:22 AM Viewed: 3/31/2026 6:07:42 AM</p>
<p>Electronic Record and Signature Disclosure: Accepted: 3/15/2026 7:23:49 AM ID: 23bd95d0-2a19-4acb-9d95-28d79bba9f5e</p>		
<p>Anne Wilson Anne.Wilson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None)</p>	<div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div>	<p>Sent: 3/31/2026 5:51:23 AM Viewed: 3/31/2026 5:51:50 AM</p>
<p>Electronic Record and Signature Disclosure: Not Offered via Docusign</p>		
<p>Kevin Kerrigan Kevin.Kerrigan@fultoncountyga.gov Chief Information Officer Security Level: Email, Account Authentication (None)</p>	<div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; color: blue;">COPIED</div>	<p>Sent: 3/31/2026 5:51:25 AM Viewed: 3/31/2026 5:51:55 AM</p>
<p>Electronic Record and Signature Disclosure: Not Offered via Docusign</p>		

Carbon Copy Events	Status	Timestamp
<p>Nadine Outlaw Nadine.Outlaw@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 3/31/2026 5:51:26 AM Viewed: 3/31/2026 5:51:52 AM</p>
<p>Katie Steuck ksteuck@s2kconsulting.com Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 3/31/2026 5:51:27 AM Viewed: 3/31/2026 12:24:09 PM</p>

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	3/23/2026 9:28:24 AM
Certified Delivered	Security Checked	3/30/2026 7:46:42 PM
Signing Complete	Security Checked	3/31/2026 5:51:16 AM
Completed	Security Checked	3/31/2026 5:51:27 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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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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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