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 **Aniz, 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 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: Health and Wellness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Prevent illness and health disparities by educating and connecting individuals to available resources,3. Programs focusing on HIV Prevention and Education

Homelessness: Not Applicable

Senior Services: Not Applicable

Aniz, Inc., APRICOT (Aniz Prevention Referral Intervention Care Outreach Team) 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
Headquarters	236 Fulton St #300	Atlanta	GA	30303	4	1,2,3,4,5,6

Approach and Design:

Aniz, Inc., APRICOT (Aniz Prevention Referral Intervention Care Outreach Team) will provide services to **100** clients that reside in Fulton County, with CSP funding.

Aniz, Inc., APRICOT (Aniz Prevention Referral Intervention Care Outreach Team) **will provide the following activities and services in Fulton County with CSP funding:**

This program will leverage the existing Aniz street outreach team to enhance current HIV testing and SUD screening. Specifically, the team will conduct bi-monthly street testing for chlmydia, syphilis, gonhorrea, and hepatitis B. The team has an established program for HIV testing. This additional funding will administer the full panel of STD screening in addition to the HIV screening. The HIV testing component and SUD intervention and counseling component are funded under separate funding

agreements.

There are established testing and delivery sites situated across Fulton County which target specific demographics. For the purposes of this program, the HIV testing site locations are used since the correlation between STD and HIV is extremely closely related. The sites include tent testing and testing within a partner facility.

Individuals are approached and offered incentives to undergo testing. Here, $25 gift cards to Walmart and McDonald's have proven sufficient incentive to undergo testing. They are interviewed using the standard Aniz questionnaire to determine if they are at risk for substance, suffer from housing instability, or are at risk for risky sexual practices. All participants are provided with contact information for Aniz. Individuals testing negative are divided into low, medium, and high risk categories for SUD and housing instability. Individuals may then enter into one of the Aniz programs voluntarily to address their specific risk as determined by the assessment. Individuals who decide not to enter into to a treatment program, For SUD (substance use indicators), their information is recorded for followup and continued monitoring. Often SUD individuals have not yet hit "rock bottom", and further encouragement and continued offer of help will be needed for intervention. Individuals are otherwise not deemed to be at risk, are provided with educational materials on STD transmission, and condom packets. All participants screened and indicating homelessness/housing instability are linked with the Aniz housing unity for followup and linkage to rehousing services.

Individuals testing positive are discretely informed of their diagnoses and referred to the onsite counselor, who seek to enroll them in Aniz services. Once enrolled, the individual will be further screened for health care coverage. If there is no coverage, the individual is linked to the Aniz benefits manager who will process their Medicaid application. The individual is assigned a case manager. The case manager will arrange for medical assistance through one of the partner hospitals or clinics. Aniz assists with transportation to medical appointments. The case manager then assists the client with coordinating pharmaceuticals with the Aniz 340b clinic once the client member has received prescription. The case manager is responsible for following upon bi-monthly or monthly with the individual to insure that they comply with the treatment regimen. The case manager is also responsible for reviewing the initial assessment and entering the client member into the housing program if indicated, and the addiction treatment program if so indicated.

This program will address the rate of STD per 100,000. It will address the rate of HIV transmission (although funded through a separate grant, since both HIV and STD tests will be administered at the same encounter). It will also address substance use since the initial assessment always screens for high-risk behaviors including drugs and alcohol. This program will address comorbidities as well through early detection. These comorbidities include: diabetes, cardio vascular disease, cirrhosis, cancer, and carcinoma. Additionally, early treatment of STDs such as syphilis will help protect against certain cancers

such as leukemia, tongue, neck, and head cancers, which are common comorbidities related to untreated syphilis. Because this program runs parallel to the current HIV and SUD intervention strategy, detection of substance use will be curtailed since counselors and case managers are trained to identify high risk individuals, and are equipped with the training to bring these individuals into treatment. The Aniz HIV testing sites will be transformed into a single sitting diagnosis of HIV, STD, SUD, and homeless instability through administration of the Aniz questionnaire. The health service priorities will be address by 1) prevent illness and health disparities by educating and connecting individuals to available resources, 2) focusing on HIV Prevention and Education, 3) focusing on affordable housing, job training, and access to medications for persons with HIV.

Aniz maintains collaborative agreements for HIV testing, training and intervention with Fulton, Cobb, and Douglas counties, as well as collaborative agreements for supportive services with: Here's to Life, Viewpoint, Project Light, Nspire, Lakeview Behavioral Health and Ridgeview Center, Covenant House, Salvation Army, Hope Atlanta Centralized Intake, Gateway, Crossroads, Beginning Today, Atlanta Union Mission, Edgewood, Lost & Found, In Town Collaborative Ministry, Hope Through Divine, Fulton Dekalb County Hospital Authority, Morehouse School of Medicine, Spelman College, AID Atlanta, Capella University, Open Doors, Someone Cares.

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.)	$5,750.00
Direct Services	$18,000.00
Total	$25,000.00

Explanation of Funding Details:

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Explanation of Funding Details

Administrative:

$1,250 for accountant to track invoices, expenses, balance budget

Total: $1,250

Operational expenses

Office supplies $700 Toner, paper, clipboards, pens, notebooks

Printing $250 Handout safe sex education materials

Rent $4,800 ($144,000* 3 percent Fulton space allocation)

Total: $5,750

Direct services

Counselor $10,000 .25 FTE to speak with individuals testing positive

Program Performance Measures:

Aniz, 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: 1. Number of individuals connected to available resources to help mitigate illness and health disparities,3. Number of individuals who report or demonstrate improved health-related outcomes or other "quality of life" measures ,4. Number of individuals who report increased knowledge around reducing the risk of acquiring or transmitting HIV,6. Number of persons living with HIV achieving viral suppression,7. Number of persons living with HIV achieving annual retention in care (2+ medical visits at least 90 days apart)

Homelessness: Not Applicable

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:

Aniz utilizes a standard questionnaire (see attached document) to screen for specific risk factors. The individual is tested for an STD, which immediately identifies positive results. This early detection is critical in addressing the STD as well as additional comorbidities. Early treatment is critical for most STDS, and the client member is immediately informed of the risk in waiting for treatment. Additionally, individuals testing positive are linked to ongoing medical treatment through coordinated medical access by enrolling them in medical benefits if they are not already enrolled. Individuals displaying risk of SUD

or mental illness, and homelessness are referred to a case manager who coordinates entry into a treatment/ counseling program, or housing re-entry program, as appropriate.

All individuals are provided with a condom packet and educational materials regardless of their testing outcome.

Individuals who enroll in Aniz services, whether that be STD treatment, SUD counseling, or rehousing, must undergo two additional assessments; the six month assessment, and the exit interview. These metrics are documented and recorded for program improvement, as well as helping the case manager and/or therapist or counselor to verify their clinical notes on client progress.

Since this is part of an ongoing program, there will be an entry period where supplies are purchased, and newer staff are trained on expanding from HIV to other STDs. This process should take approximately 2 weeks. The reporting component is an ongoing process inside of Aniz. All data is reported within 48 hours of collection and reviewed monthly. The progress of street outreach is monitored and reported to the management team as well as the Fulton County Board of Health, conducted also on a monthly basis.

When an individual becomes a formal client member, such as individual testing positive and who seeks medical intervention, they are entered into the EClinical Works system for coordination with the case manager and counselors. Additionally, counselors retain their own clinical notes on the secure Aniz server using MS Word and MS Excel.

Individuals who test positive undergo an initial intake on top of the questionnaire. This will guide their treatment. There is a 6 month assessment, and a closeout assessment conducted when the client member exits the program. These assessments monitor progress in treatment (HIV, STD, SUD), as well as monitor social determinants such as housing instability.

Aniz will report specifically on:
• Number of individuals connected to available resources to help mitigate illness and health disparities
• Number of individuals receiving referrals to behavioral health and other supportive services
• Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures
• Number of individuals who report increased knowledge around reducing the risk of acquiring or transmitting HIV
• Number of persons living with HIV receiving housing services, and/or transportation assistance, and/or access to foodbank/home-delivered meals
• Number of persons living with HIV achieving annual retention in care (2+ medical visits at least 90 days apart)

Agency Defined Performance Measure(s):

Additionally, Aniz will report on internal metrics which include:

Number of persons referred to

Emergency housing

Transitional housing

Permanent housing

SUD intervention and treatment

Aniz will also report on number of individuals tested for HIV and those results

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:

Aniz, Inc.
236 Forsythe Street SW SUITE 300

Atlanta, Georgia 30303

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 **Aniz, 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.

FULTON COUNTY

F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Aniz, Inc.
Project No. and Project Title:	APRICOT (Aniz Prevention Referral Intervention Care Outreach Team)

CONTRACTOR AFFIDAVIT 25RFP020325C-MH

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:

103823824
Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

2/19/25
Date of Authorization

Aniz, Inc.
Authorized Officer or Agent
(Name of Contractor)

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

Zina Age
Printed Name (of Authorized Officer or Agent of Contractor)

President, Aniz, Inc.
Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

2.19.25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

19 DAY OF February, 2025

Notary Public

[NOTARY SEAL] MAXINE WRIGHT NOTARY PUBLIC DEKALB COUNTY, GA MY COMMISSION EXPIRES MARCH 07 2025

My Commission Expires: 3/7/25

*** 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).**

FULTON COUNTY

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Aniz, Inc
Project No. and Project Title:	APRICOT (Aniz Prevention Referral Intervention Care Outreach Team)

FORM G: SUBCONTRACTOR AFFIDAVIT 25RFP020325C-MH

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

58-2272426
Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

2/19/25
Date of Authorization

Authorized Officer or Agent
(Name of Subcontractor)

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

Zina Age
Printed Name (of Authorized Officer or Agent of Contractor)

President
Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

2/19/25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 19 DAY OF February, 2025

Notary Public

My Commission Expires: 3/7/25

[NOTARY SEAL] MAXINE WRIGHT NOTARY PUBLIC DEKALB COUNTY, GA MY COMMISSION EXPIRES MARCH 07 2025

* 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).

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/17/2025

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 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 MCCARTY AGENCY, INC. 3081 HOLCOMB BRIDGE RD. STE C1 NORCROSS, GA 30071	**CONTACT NAME:** SHARON MCCARTY ARMSTRONG **PHONE (A/C, No, Ext):** 770-808-7563 **FAX (A/C, No):** **E-MAIL ADDRESS:** sharonarmstorong1@allstate.com
INSURED ANIZ, INC. 236 FORSYTH ST SW STE 300 ATLANTA, GA 30303	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** BEAZLEY USA INSURANCE GROUP / 99998 **INSURER B :** KINSALE INS COMPANY **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	[X] COMMERCIAL GENERAL LIABILITY [X] CLAIMS-MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X		W265DC250701	03/08/2025	03/08/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ EXCLUDED $ 3,000,000 $ 3,000,000
	[ ] AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	[ ] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [X] CLAIMS-MADE [ ] DED [ ] RETENTION $	X		0100357415-1	03/18/2025	03/18/2026	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	PROFESSIONAL LIABILITY Abuse and Molestation	X		W265DC250701	03/08/2025	03/08/2026	Each Claim/Agg	$1M/$3M

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

Each of the following is an insured under this insurance to the extent set forth below:
- the Named Insured
- in relation to Insuraing Agreements I.F., I.G., I.H., and I.I., the Named Insured and any Subsidiaries of the Named Insured (together the "insured Organization")
- an Employee or volunteer worker of the Named Insured (or the Insured organization if applicable) but only while acting within the scope of his or her duties as such

CERTIFICATE HOLDER

FULTON COUNTY GOVERNMENT
141 PRYOR ST SW
ATLANTA, GA 30303-3408

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

SHARON McCarty ARMSTRONG

Docusign Envelope ID: 1B1CF8DA-DE49-45E8-8BDA-EE2E1A8F0989

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/17/2025

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	CONTACT NAME:		
BIBERK P.O. Box 113247 Stamford, CT 06911	PHONE (A/C, No, Ext): 844-472-0967	FAX (A/C, No): 203-654-3613	
	E-MAIL ADDRESS: customerservice@biBERK.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Wellfleet Insurance Company		32280
INSURED ANGEL BEARDEN ANIZ INC 236 FORSYTH ST SUITE 300 Atlanta, GA 30303	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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 0
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 0
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 0
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 0
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		N9WC817215	07/12/2024	07/12/2025	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate	

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

Exclusions: Zina Age;
Additional Named Insured:ANIZ INC E.L. 100,000/100,000/500,000 effective 07/12/2024; 500,000/500,000/500,000 effective

CERTIFICATE HOLDER

Fulton County
137 Peachtree Street SW
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 LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/05/2025

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 **GEICO** One GEICO Blvd. Fredericksburg, VA 22412	**CONTACT NAME:** GEICO **PHONE (A/C, No, Ext):** 1-866-509-9444 **FAX (A/C, No):** **E-MAIL ADDRESS:** R1COMMEND@GEICO.COM
	INSURER(S) AFFORDING COVERAGE — **NAIC #**
	INSURER A : GEICO General Insurance Company — 35882
INSURED **Zina Age** 236 FORSYTH ST SW, STE 300 ATLANTA, GA 30303	**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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	**AUTOMOBILE LIABILITY**						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS			9300163397-00	06/06/2025	12/06/2025	BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

2012 LEXUS CT JTHKD5BH9C2101266

CERTIFICATE HOLDER

Fulton County Human Services
236 FORSYTH ST SW, UNIT 0
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

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:

FULTON COUNTY, GEORGIA

DocuSigned by:
Robert L. Pitts
BA715B1A26544E7...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:
EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

Signed by:

CONTRACTOR:

VENDOR NAME **Aniz, Inc.**

DocuSigned by: Name of Signatory: Aniz,Inc
Title of Signatory: President/ceo
B9747331699B42A...

Authorized Signature

ATTEST:

DocuSigned by: Name of 2nd Signatory: **Eric Marion**
Eric Marion Title of 2nd Signatory: **Development Director**
4F2AB3E7B97E422...

Second Authorized Signature

DS

(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:
David Lowman
0EC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Stanley Wilson
5E4D76DFB4A0450...

Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM **X** **2ND RM**

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

Certificate Of Completion

Envelope Id: 1B1CF8DA-DE49-45E8-8BDA-EE2E1A8F0989
Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-Aniz, Inc.-BOC Agenda#25-0398
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 26
Signatures: 6
Certificate Pages: 7
Initials: 0
AutoNav: Enabled
Stamps: 2
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Cherie Williams
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlana, GA 30303
Cherie.Williams@fultoncountyga.gov
IP Address: 166.137.175.12

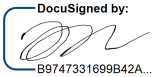
Record Tracking

Status: Original
6/24/2025 9:52:42 AM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Cherie Williams
Cherie.Williams@fultoncountyga.gov
Pool: StateLocal
Pool: Fulton County Government

Location: DocuSign

Location: Docusign

Signer Events	Signature	Timestamp
Zina Age zage@aniz.org CEO/PRESIDENT Aniz Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/26/2025 9:41:24 AM ID: 1863d2bb-7b83-4f46-9954-a6a4aed4c8a2	DocuSigned by:  B9747331699B42A... Signature Adoption: Drawn on Device Using IP Address: 2601:c1:0:b030:5177:7bf8:7430:3079 Signed using mobile	Sent: 6/24/2025 9:58:20 AM Resent: 6/25/2025 1:05:18 PM Resent: 6/30/2025 11:50:26 AM Viewed: 6/30/2025 11:52:34 AM Signed: 6/30/2025 11:54:16 AM
Eric Marion execoffice@aniz.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 7/3/2025 10:48:04 AM ID: 96bc415e-525e-45eb-8729-db9fdea3614f	DocuSigned by:  4F2AB3E7B97E422...  Signature Adoption: Pre-selected Style Using IP Address: 2604:b000:c218:1213:59f4:a3e2:c92:af09	Sent: 6/30/2025 11:54:18 AM Resent: 7/1/2025 12:12:25 PM Resent: 7/3/2025 10:45:46 AM Viewed: 7/3/2025 10:48:04 AM Signed: 7/3/2025 10:50:34 AM
Mark Hawks2 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Complliance Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 45.20.200.178	Sent: 7/3/2025 10:50:36 AM Viewed: 7/3/2025 11:41:36 AM Signed: 7/3/2025 11:41:51 AM

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by: Stanley Wilson 5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 7/3/2025 11:41:53 AM Viewed: 7/3/2025 12:30:49 PM Signed: 7/3/2025 12:30:57 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 12:31:00 PM Resent: 7/17/2025 9:22:36 AM Viewed: 7/21/2025 2:09:35 PM Signed: 7/21/2025 2:13:29 PM
Electronic Record and Signature Disclosure: Accepted: 7/21/2025 2:09:35 PM ID: 5d574fb5-8399-4b00-9ed7-dbeacefff9a7		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by: David Lowman 0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 7/21/2025 2:13:32 PM Viewed: 7/21/2025 2:27:45 PM Signed: 7/21/2025 2:28:22 PM
Electronic Record and Signature Disclosure: Accepted: 7/21/2025 2:27:45 PM ID: 7ea4692a-2b0b-41c0-bc74-1679cc0b71c4		
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: 7/21/2025 2:28:25 PM Viewed: 7/21/2025 2:52:27 PM Signed: 7/21/2025 2:52:50 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by: Robert L. Pitts BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/21/2025 2:52:54 PM Viewed: 7/21/2025 3:18:31 PM Signed: 7/21/2025 3:18:36 PM
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: 7/21/2025 3:18:41 PM Viewed: 7/21/2025 3:53:24 PM Signed: 7/21/2025 3:53:35 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 Complliance Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 134.231.232.249	Sent: 7/21/2025 3:53:39 PM Viewed: 7/23/2025 11:54:38 AM Signed: 7/23/2025 11:54:44 AM

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 6/24/2025 9:58:19 AM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 6/24/2025 9:58:19 AM Resent: 7/23/2025 11:54:52 AM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 6/24/2025 9:58:20 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/23/2025 11:54:48 AM Viewed: 7/24/2025 9:32:30 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/24/2025 9:58:19 AM
Certified Delivered	Security Checked	7/23/2025 11:54:38 AM
Signing Complete	Security Checked	7/23/2025 11:54:44 AM
Completed	Security Checked	7/23/2025 11:54:48 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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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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