



**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 **Covenant Community, 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:

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## **ARTICLE I - PARTIES AND TERM:**

(a) Fulton County, through its YCS, retains Contractor, and Contractor accepts retention by Fulton County to render the services as hereinafter defined and required; to perform such services in a manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

(b) The Chairperson of the Board of 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, 2. Programs addressing mental health depression stress trauma and anxiety among individuals, 5. Programs focusing on financial literacy and wellness

**Homelessness:** Not Applicable

**Senior Services:** Not Applicable

**Covenant Community, Inc, Substance Use Disorder Treatment and Recovery Support Program** 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):**

<b>Name of Program Site</b>	<b>Program Location (complete physical address)</b>	<b>Program City</b>	<b>Program State</b>	<b>Program Zip code</b>	<b>Fulton County District of the program (Facility) location</b>	<b>District(s) of Fulton County Residents Served by the program (facility) location</b>
Covenant Community, Inc.	623 Spring St.	Atlanta	GA	30308	4	1,2,3,4,5,6
Recovery Resources of Atlanta Midtown	25 North Ave. NW	Atlanta	GA	30308	4	1,2,3,4,5,6

**Approach and Design:**

**Covenant Community, Inc, Substance Use Disorder Treatment and Recovery Support Program** will provide services to **122** clients that reside in Fulton County, with CSP funding.

**Covenant Community, Inc, Substance Use Disorder Treatment and Recovery Support Program will provide the following activities and services in Fulton County with CSP funding:**

Covenant Community serves individuals struggling with substance use disorder and their families through three programs: the Life Stabilization Program, the Recovery Resources of Atlanta Midtown, and Families of Hope.

The Life Stabilization Program serves unhoused men struggling with substance use disorder by providing individualized comprehensive treatment and services within the context of a therapeutic community and with an emphasis on behavioral health treatment. The men live in a residential facility on the Covenant campus that includes a kitchen, common dining and living areas, a fitness area, and spaces for individual and group sessions. The residential facility allows the residents to experience a 24-hour learning experience in which individual changes in conduct, attitudes, and emotions are monitored and mutually reinforced in the daily regimen. On average, this program serves about 30 men annually.

Upon their arrival, a counselor conducts a biopsychosocial assessment of the resident that takes into account family dynamics and other factors that may have influenced the development of his substance use disorder and status as an unhoused person. Then, in close partnership with the resident, Covenant co-develops a personalized strength-based treatment and recovery plan with evidenced-based interventions that are compliant with the Americans with Disabilities Act. Each resident is assigned a counselor and case manager. Treatment commences with 16 weeks of day treatment sessions using the Hazelden Striving Towards Active Recovery (STAR) curriculum. The STAR program focuses on intervention and support regarding five identified dangers that may trigger a relapse: substance use, criminal thinking/behavior, mental illness, trauma, and medical challenges. Beyond the STAR day sessions, residents also receive other mental and behavioral health services and substance use disorder treatment throughout the course of the program, including individual counseling sessions and processing and psychoeducational groups facilitated by certified peer specialists (individuals in recovery who have successfully completed a treatment program hosted by Covenant or another entity). Residents are also required to attend four external Alcoholics Anonymous/Narcotics Anonymous meetings a week, in addition to regularly scheduled appointments with a sponsor. Each resident receives a minimum of five clinical hours of services per week, as outlined in the requirements from the State of Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Most average about ten clinical hours of services per week, including peer support hours.

After completing the STAR day treatment phase, residents enter a seven-week career and employment services and training phase that is grounded in evidence-based practices for Supported Employment Services, which emphasizes the dignity of having an occupation and is designed to emphasize a person's sense of self-worth through its focus on choice. This phase kicks off with a barrier assessment, after which residents create a plan to address the barriers identified; outline their employment, career, and/or training/education objectives; and set action steps and target dates. Based on the barrier assessment and goal plan, a customized learning plan is created for each resident based on their level of job readiness, preparation, knowledge, skills, and learning styles. Then, residents participate in workshops, groups, and one-on-one sessions to learn the brass tacks around seeking employment (i.e. job preparation, job-searching, and job-keeping skills – e.g., about resumes and interviews), soft skills that will aid in their search and after securing employment (e.g., coping skills, goal setting, problem-solving, time management, decision-making, and critical thinking skills), and hard skills (e.g., digital and computer literacy). Residents also receive access to educational and training programs such as community colleges and trade schools. GED testing and test preparation are offered as well as scholarships for vocational training. If the resident has been diagnosed with a co-occurring disorder, he also meets with representatives from the Department of Labor for vocational rehabilitation. All residents are assigned a volunteer career coach prior to the start of their active job search. Covenant is connected to numerous agencies and organizations that we use to help the residents secure employment, such as Goodwill. If needed, we encourage residents to use the process groups and individual

counseling sessions as supportive and safe spaces to work through any feelings of anxiety, frustration, shame, and anger they may feel during their job search. Once employed, residents continue to receive counseling and career services support until the resident transitions into stable housing.

In addition, throughout the program, residents receive services and support to address their basic and social needs, including housing stabilization services; food; transportation; referrals to dental, medical, and vision services; health and wellness activities; financial literacy education; case management; legal assistance; family skills sessions; and cultural and recreational activities.

Most residents remain in this program for at least one year. Residents are considered as having completed the program when they have achieved life stabilization as defined by their individualized treatment plan. Our goal is for all graduates to be in recovery, employed in a job making more than minimum wage, and have concrete arrangements for stable housing. To help men achieve the third element, Covenant also runs a transitional living facility, the Sterne House, through which residents are charged an affordable, reduced rent that is subsidized by Covenant. The house can accommodate up to eight men, and they must be Men of Hope. They are able to live in Sterne for up to two years with subsidized rent until they secure long-term stable housing. While at Sterne, the men are encouraged to budget and save money and are provided with financial empowerment workshops and one-on-one counseling.

Even after completing the residential program, all men continue to receive support through our alumni program, Men of Hope, a life-long and growing community of peers and supporters who are committed to recovery. Graduates are inducted into the Men of Hope network during our annual Celebration of Memories and Hope. After completion of the residential program, Men of Hope receive a three-month, six-month, nine-month, and twelve-month check-in from Covenant Community. The purpose of these check-ins is to determine if the Man of Hope needs additional assistance and support regarding sobriety, housing, employment, and other basic needs. These check-ins are specifically designed to ensure support across the dimensions of health, home, purpose, and community, given that the SAMHSA has identified them as necessary support areas to ensure a thriving recovery. Men of Hope may receive additional recovery check-ins at his request.

Covenant Community's second program is the Recovery Resources of Atlanta Midtown (RRAM), the only peer-led Recovery Community Organization (RCO) in Midtown. This program is intended to serve anyone who is impacted by substance use disorder, whether they are at high risk of substance misuse, developing a substance use disorder, seeking recovery from a substance use disorder, or in recovery from a substance use disorder. The RRAM provides group recovery meetings; peer recovery coaching; one-on-one peer mentorship and support; family recovery coaching; healthcare referrals, including for substance use disorder treatment; 12-step meetings; immediate needs services; employment support; housing, education, employment referrals; transportation support; pro-social recovery activities; computer lab access; the provision of basic needs (e.g., clothing); life skills training; and volunteer opportunities.

Overall, in addition to helping individuals struggling with substance use disorder treat their disorder directly, the RRAM is intended to reduce barriers for individuals experiencing social and economic situations that may lead to or exacerbate a substance use disorder. There is a degree of overlap between the support and services offered by the Life Stabilization Program and the RRAM; for example, the components of the career and employment services and training phase of the Life Stabilization Program

are also available to RRAM clients and have been useful for young adults seeking guidance around gaining employment. The key difference is that residents of the Life Stabilization Program experience the programming in an intentional, intensive way whereas clients of the RRAM choose what they need a la carte. The RRAM also has a broader array of offerings given that it is responsive to the expressed needs of the community, so residents and Men of Hope are also welcome to take part in any RRAM programming.

Covenant Community's final program is Families of Hope, which serves the families of our residents in the Life Stabilization Program. It is an innovative, comprehensive, evidence-based, and peer-based therapeutic program focused on education, dialogue, and counseling. Topics include addressing and mitigating family triggers, healing family trauma, teaching family members how to communicate with one another about substance use disorder, preparing family members for challenges and setbacks, and exposing younger family members to the effects of substance use. This program also includes an advocacy component focused on dispelling myths and reducing stigma around substance use disorder. In addition, to further provide stability, family members receive support with housing, utilities, childcare, and other basic needs from the recovery community. Overall, the goal is to lay a foundation for families to reunite, reduce childhood trauma and Adverse Childhood Experiences, decrease the likelihood of generational substance use, and build resilience.

To take part in the program, first, the resident completes an orientation and a questionnaire. Through the questionnaire, he defines who he considers to be his family (who may not necessarily be biological). Then, staff invite these family members to take part in Family of Hope programming intended to rebuild relationships and bring the family closer together, including dialogues, counseling sessions, family-focused recovery meetings, lectures, trainings, and family activities. Youth family members may also participate in programming intended to educate them about substance use disorders and prevent them from developing such a disorder later in life. All families are assigned a case manager, who assists with their life stabilization efforts, and a counselor, who provides clinical support. If desired, family members may request the support of a Certified Peer Specialist. To accommodate families with young children, on-site childcare services are provided during programming.

Covenant collaborates with a vast network of partners to ensure a continuum of care and comprehensive support and extend the reach and effectiveness of our programs. Examples of partners are as follows:

- Fulton County Board of Health and the Salvation Army have supported our efforts in providing essential resources and care, including by sharing resources and collaborating on health education and recovery-oriented care initiatives
- Covenant House, Ascensa Health, and the Triangle Club have helped host peer support services, group meetings, recovery groups, and substance use disorder treatment and programming
- Reentry Arts Connection and Rise 2 Recovery have leveraged art to help with our beneficiaries' recovery
- Recovery Consultants of Atlanta, Mercy Care, Good Samaritan, and Aid Atlanta have provided health/medical education and services
- Emory Healthcare System, Grady Health, Georgia State University Policy, and the Georgia Department of Community Supervision have helped with referrals, particularly those for substance use disorder



- All Saints' Episcopal Church and Goodwill of North Georgia have helped with job opportunities and placements
- Back On My Feet, Atlanta Technical College, Ernst and Young, and Literacy in Action have provided career and educational training, services, and support
- The Alliance for Self-Sufficiency has assisted with transportation
- The Georgia Division of Family and Children Services has helped with public assistance
- The Urban League of Atlanta has provided credit counseling

The community also relies on Covenant to elevate their work. A key example of this is Georgia Works, which relies on Covenant to provide access to addiction recovery classes and peer support, ensuring that its participants receive the comprehensive support needed for lasting recovery.

Given our comprehensive approach, we believe Covenant Community's work falls under multiple CSP service categories, including Children and Youth Services, Economic Stability/Poverty, Health and Wellness, and Homelessness. However, we believe we primarily fall under the Health and Wellness category. This category has three funding priorities that apply to our work. Those priorities and a description of how our work supports them are as follows:

### **1. Prevent illness and health disparities by educating and connecting individuals to available resources**

Covenant supports this funding priority on two fronts by (1) helping to prevent the development of substance use disorder and (2) helping individuals obtain health insurance.

Substance use disorder is an illness, and Covenant is committed to preventing the development of substance use disorder in individuals. We do this through the RRAM, which serves individuals who are at high risk of substance misuse, developing a substance use disorder, or in recovery from a substance use disorder. Multiple offerings are intended to provide these individuals with the support they need to avoid developing a substance use disorder, including group recovery meetings, peer recovery coaching, one-on-one peer mentorship and support, family recovery coaching, and 12-step meetings. We also do this through Families of Hope, which serves minors. A key goal of Families of Hope is to prevent the development of substance use disorders in these youth later on in life. It aims to do this through its programming intended to strengthen and reunite families and bring stability to their homes, as safe, stable, and nurturing environments can help minors grow into adults without substance use disorder.

Also, Covenant recognizes that health disparities can occur due to a lack of health insurance. This is why as a part of our support, we help individuals obtain coverage so that they are able to pay for the medical care they need, whether it's from an independent insurance company, Medicaid, or Medicare. We also help our clients and families apply for PeachCare for Kids for their children.

## **2. Programs addressing mental health, depression, stress, trauma, and anxiety among individuals**

According to the federal National Institute on Drug Abuse, individuals with substance use disorders also struggle with mental disorders, including anxiety, depression, and post-traumatic stress disorder. These conditions interact with one another and can be self-reinforcing. This is why a key part of Covenant's programming is devoted to addressing mental health, with mental health services provided through all three of our programs. Specific offerings related to mental health across all three programs include day treatment sessions using the STAR curriculum; individual counseling; process therapy groups; psychoeducation; group recovery meetings, including ones focused on family; peer recovery coaching; healthcare referrals; and family counseling. In addition, mental health conditions can be precipitated or exacerbated by instability in a person's life caused by unmet basic needs. However, because of Covenant's comprehensive approach to services and support that helps ensure our beneficiaries' basic needs are met, this is less likely to apply to those we serve.

## **3. Programs focusing on financial literacy and wellness**

Economic stability is a core objective of Covenant Community's work because we recognize that individuals are less likely to recover from substance use disorder – and conversely, are more likely to develop a substance use disorder – if they are unable to pay for their basic needs. This is why one of the two key phases of the Life Stabilization Program is focused on helping the residents gain employment and why one of the three key goals for graduates is that they have secured a job that pays above minimum wage. The RRAM also offers career, employment, and education services. Financial literacy training is also offered through the Life Stabilization Program and RRAM.

Covenant Community's programming would also help advance four of the Fulton County Health and Human Services Key Performance Indicators. These indicators, as well as how Covenant Community can help advance them, are described as follows:

- 1. Percentage of residents engaged in substance abuse treatment – opioid, drinking, vaping:** All the residents in the Life Stabilization Program and RRAM clients with substance use disorder can be counted towards this KPI.
- 2. Number of people who receive behavioral health services:** All the residents in the Life Stabilization Program and RRAM clients that partake in services focused on behavioral health can be counted towards this KPI.
- 3. Improve the County's standing in the County Health Rankings and Roadmaps report:** Each county is given a score based on how it performs along a slate of measures, and this score determines the county's standing in the County Health Rankings. These measures include excessive drinking, alcohol-impaired driving deaths, drug overdose deaths, poor mental health days, unemployment, and frequent mental distress. Though at the margin, the outcomes from Covenant Community's work would contribute to Fulton County moving in a positive direction with these measures, thereby helping the county move up the rankings.

4. **Percentage change in the homeless population year to year:** To qualify for our Life Stabilization Program, the person must be unhoused. A part of this program involves Covenant providing them with housing. Therefore, all the residents of this program can be counted towards this KPI.
5. <

### **Designation of CSP Funds:**

Based on the awarded amount of **\$40,000.00**, 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.

<b>Cost Category</b>	<b>Designation of CSP Funding Award</b>
<b>Administrative</b> (5% Admin max of total funds awarded.)	\$2,000.00
<b>Operational</b> (25% Operational max of total funds awarded.)	\$8,000.00
<b>Direct Services</b>	\$30,000.00
<i>Total</i>	\$40,000.00

### **Explanation of Funding Details:**

Covenant Community, Inc. respectfully requests a \$40,000 grant from Fulton County as a part of its Community Services Program. The following is a description of how Covenant Community would spend the amounts requested within each cost category:

- **Administrative:** The full \$2,000 would be used to cover the salaries, salary fringe, and benefits for indirect personnel, including the Executive Director, Director of Compliance, and Director of Operations.
- **Operational:**
  - \$6,000 would be used to cover expenses for office supplies, occupancy, accreditation evaluations, travel and entertainment, staff development, technology, insurance, and dues/subscriptions/fees/licenses.
  - \$2,000 would be used to cover the cost of the contractors Covenant uses for human resources, IT/technology, fundraising/development, PR and marketing, auditing, bookkeeping/accounting, and payroll.
- **Direct Services:**
  - \$27,500 would be used to cover the salaries, salary fringe, and benefits for direct personnel, including the Therapeutic Community Director, Director of Community Engagement, Director of RRAM, Program Director, Substance Use Disorder Counselor, Mental Health Counselor, three Residential Peer Specialists, Outreach Peer Specialist, and Restorative Justice Peer Specialist.
  - \$2,500 would be used to cover program expenses, including family support services, food/food cards, transportation, drug testing, residential campus/household supplies, support services, tuition/school fees for residents, NARCAN, incentives, and activities and recreation.

The outlay for Covenant’s expenses is fairly even throughout the year. Because of this, we plan to spend the first half of the grant (\$20,000) during the January to June 2025 contract performance period and the second half of the grant (\$20,000) during the July to December 2025 contract performance period.

Substance use disorder is a substantive public health issue in Fulton County and the larger metro Atlanta area, and the need for programs that help treat and prevent substance use disorder is higher than ever. This grant would provide Covenant the ability to continue delivering evidence-based services and support around substance use disorder and behavioral health, integrating mental health counseling, case management, and peer support to create a continuum of care. Additionally, the grant would help strengthen our auxiliary services, including administration, operations, workforce development, family reunification efforts, and access to stable housing, all of which are essential for lasting recovery. This funding would be especially impactful at this juncture since inflation has driven up operational costs, especially for utilities, transportation, and staffing. For example, transportation expenses for participants attending counseling sessions or job interviews have increased by 15%, directly impacting our capacity to serve. Additionally, the cost of essential supplies, including food for meal services and materials for job training programs, has risen significantly. These challenges underscore the need for Fulton County’s support to ensure continued access to critical recovery services.

### **Program Performance Measures:**

**Covenant Community, 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, 2. Number of individuals receiving referrals to behavioral health and other supportive services, 8. Number of individuals participating in programs focusing on financial literacy and wellness

**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:**

Covenant Community will report on the following County defined performance measures from the Health and Wellness service category as well as our targets for each:

- 1. Number of individuals connected to available resources to help mitigate illness and health disparities:** 100 individuals
- 2. Number of individuals receiving referrals to behavioral health and supported services:** 100 individuals
- 3. Number of individuals participating in programs focusing on financial literacy and wellness:** 50 individuals

The following describes the methods/strategies we intend to take to achieve our County defined performance measures:

- 1. Number of individuals connected to available resources to help mitigate illness and health disparities:** The heart of Covenant Community’s work lies in connecting individuals struggling with substance use disorder and their families to resources to help mitigate their illness. Because of this, maximizing our performance on this measure means connecting as many people to these resources as possible. Because our Life Stabilization Program can only serve so many men a year, this means we should focus on increasing these connections via RRAM and Families of Hope by boosting the number of participants. The best way to do this is to increase our marketing and outreach about our offerings. To do this, we will leverage social media, community networks, and partnerships with other organizations to increase awareness of these programs.
- 2. Number of individuals receiving referrals to behavioral health and supported services:** Referrals to behavioral health and supported services are a core part of the services we provide through the Life Stabilization Program and the RRAM. To maximize our performance on this measure, however, we will try to reach more individuals in need of these referrals – a feat that would most likely be accomplished by increased marketing and outreach about Covenant.
- 3. Number of individuals participating in programs focusing on financial literacy and wellness:** Much like the logic for our method/strategy for County defined performance measure #1 above,

maximizing this measure would require focusing on increasing participation in our financial literacy offerings through the RRAM and Families of Hope through expanded marketing and outreach. In addition, we will at least evaluate how we may want to expand our financial service offerings (whether we offer the same workshop/training more times and/or create additional workshops/trainings covering further content); if we do decide to undertake this, this will likely entail recruiting more community partners and volunteers.

Because participants of the Life Stabilization Program and Families of Hope receive individualized treatment, there are no universally applicable timelines for these programs. However, there are milestones associated with each program, though their exact achievement date varies per participant depending on when they started the program. For the Life Stabilization Program, these include:

- Day treatment phase completed at the end of the 16th week in the program
- Career and employment services and training phase completed at the end of the 23rd week in the program
- Employment obtained by the end of the 8th month in the program
- Stable housing secured by the end of the 12th month in the program

For Families of Hope, currently, the only major milestone is the identification of family members by the individual struggling with substance use disorder, which should be completed by the end of their 45th day in the Life Stabilization program. As for RRAM, it lacks any universal milestone and timeline, as offerings are responsive to the needs of the community and participants partake in its offerings a la carte.

Covenant Community regularly records data to track our progress towards achieving both our County defined and Agency defined performance measures through an internal tracking system. We use a HIPAA-compliant data platform for heightened data security, as our data is sensitive. All our County defined performance measures rely on accurate counting, so no other measurement tools are used. Covenant's administrative and programs staff collaborate to ensure that this tracking system is kept up-to-date and that the data is accurate.

### **Agency Defined Performance Measure(s):**

Covenant Community will report on the following Agency defined performance measures per program as well as our targets for each:

### 1. Life Stabilization Program

1. At least 80% of residents experienced an improvement in functioning, as evidenced by an improvement in at least one functional domain in the Adult Needs and Strengths Assessment (ANSA), especially substance use
2. At least 90% of residents who successfully completed the career and employment phase of the program have secured employment
3. At least 90% of graduates have transitioned into stable housing

### 2. Recovery Resources of Atlanta Midtown

1. At least 350 unduplicated individuals have been served by RRAM

### 3. Families of Hope

1. At least 15 family members have participated in Families of Hope

Because participants of the Life Stabilization Program and Families of Hope receive individualized treatment, there are no universally applicable timelines for these programs. However, there are milestones associated with each program, though their exact achievement date varies per participant depending on when they started the program. For the Life Stabilization Program, these include:

- Day treatment phase completed at the end of the 16th week in the program
- Career and employment services and training phase completed at the end of the 23rd week in the program
- Employment obtained by the end of the 8th month in the program
- Stable housing secured by the end of the 12th month in the program

For Families of Hope, currently, the only major milestone is the identification of family members by the individual struggling with substance use disorder, which should be completed by the end of their 45th day in the Life Stabilization program. As for RRAM, it lacks any universal milestone and timeline, as offerings are responsive to the needs of the community and participants partake in its offerings a la carte.

Covenant Community regularly records data to track our progress towards achieving both our County defined and Agency defined performance measures through an internal tracking system. We use a HIPAA-compliant data platform for heightened data security, as our data is sensitive. Agency defined performance measures #2.1 and #3.1 rely on accurate counting, so no other measurement tools are used. However, we do use additional tools for



Agency defined performance measures #1.1, #1.2, and #1.3. These include the Adult Needs and Strengths Assessment (ANSA) tool for #1.1, and Covenant verifies employment and housing #1.2 and #1.3. Covenant's administrative and programs staff collaborate to ensure that this tracking system is kept up-to-date and that the data is accurate.

## **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 31<sup>st</sup> 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 **\$40,000.00**.

(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](mailto:hsd.grants@fultoncountyga.gov)  
137 Peachtree Street, SW  
Atlanta, Georgia 30303**

To Contractor:

**Covenant Community, Inc  
623 Spring St. NW  
Atlanta, Georgia 30308**

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 **Covenant Community, 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.



### F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

<b>Contractor's Name:</b>	Covenant Community Inc.
<b>Project No. and Project Title:</b>	30110 - Substance Use Disorder Treatment and Recovery Support Program

#### 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:

**258027**

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

9/28/2009

Date of Authorization

Christine Carter Love

Authorized Officer or Agent  
(Name of Contractor)

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

Christine Carter Love

Printed Name (of Authorized Officer or Agent of Contractor)

Christine Carter Love

Signature (of Authorized Officer or Agent)

**Executive Director**

Title (of Authorized Officer or Agent of Contractor)

2/23/2026

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

28 DAY OF February, 20 25

Deborah Bacote Taylor  
Notary Public

My Commission Expires: August 16, 2025

[NOTARY SEAL]



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



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	<del>ME</del> Covenant Community Inc.
Project No. and Project Title:	30110 - Substance Use Disorder Treatment and Recovery Support Program

FORM G: SUBCONTRACTOR AFFIDAVIT

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

258027  
Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

9/28/2009  
Date of Authorization

*Christine Carter Love*  
Authorized Officer of Agent  
(Name of Subcontractor)

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

*Christine Carter Love*  
Printed Name (of Authorized Officer or Agent of Contractor)

*Executive Director*  
Title (of Authorized Officer or Agent of Contractor)

*Christine Carter Love*  
Signature (of Authorized Officer or Agent)

2/27/2025  
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

28 DAY OF February, 2025  
*Deborah Bacote Taylor*  
Notary Public

[NOTARY SEAL]

My Commission Expires: August 16, 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).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2025

**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).**

<b>PRODUCER</b> The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	<b>CONTACT NAME:</b> Teresa Hayward-RM <b>PHONE (A/C, No, Ext):</b> (888) 918-3960 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> thayward@libertycompany.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Nonprofits Insurance Alliance of CA (NIAC)</td> <td>NIAC</td> </tr> <tr> <td><b>INSURER B:</b> Nova Casualty Company</td> <td>42552</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Nonprofits Insurance Alliance of CA (NIAC)	NIAC	<b>INSURER B:</b> Nova Casualty Company	42552	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> Covenant Community Inc 623 Spring Street Atlanta GA 30308															

**COVERAGES****CERTIFICATE NUMBER:** CL2542166935**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> Social-Professional Liability \$1M ag						MED EXP (Any one person)	\$ 20,000
	<input checked="" type="checkbox"/> Liquor Liability: \$1M occ/\$1, agg						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						SAM/Abuse	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist BI-	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			02UB00223070107	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CF1WK1000025807	12/03/2024	12/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Directors & Officers and EPL			02CP00223070118	04/23/2025	04/23/2026	Aggregate Limit	\$1,000,000
							Ea Wrongful Act Limit	\$1,000,000

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

Whereby required by written contract or agreement, The City of Atlanta Enterprise Risk Management is included as an Additional Insured under the Commercial General Liability on a Primary/Non-Contributory basis. Waiver of Subrogation in favor of the Additional Insured applies to the General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

The City of Atlanta Enterprise Risk Management 68 Mitchell St., SW Suite 9100 Atlanta GA 30303	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Teresa Hayward</i></p>
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ADDITIONAL COVERAGES

Ref #	Description Medical payments				Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2025

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<b>PRODUCER</b> The Liberty Company Insurance Brokers Lic #0D79653 5955 De Soto Ave, Ste 250 Woodland Hills CA 91367	<b>CONTACT NAME:</b> Teresa Hayward-RM <b>PHONE (A/C, No, Ext):</b> (888) 918-3960 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> thayward@libertycompany.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Nonprofits Insurance Alliance of CA (NIAC)</td> <td>NIAC</td> </tr> <tr> <td><b>INSURER B:</b> Nova Casualty Company</td> <td>42552</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Nonprofits Insurance Alliance of CA (NIAC)	NIAC	<b>INSURER B:</b> Nova Casualty Company	42552	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER F:</b>															
<b>INSURED</b> Covenant Community Inc 623 Spring Street Atlanta GA 30308															

**COVERAGES****CERTIFICATE NUMBER:** CL2542166935**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> Social-Professional Liability \$1M ag						MED EXP (Any one person)	\$ 20,000
	<input checked="" type="checkbox"/> Liquor Liability: \$1M occ/\$1, agg						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						SAM/Abuse	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist BI-	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			02UB00223070107	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CF1WK1000025807	12/03/2024	12/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Directors & Officers and EPL			02CP00223070118	04/23/2025	04/23/2026	Aggregate Limit	\$1,000,000
							Ea Wrongful Act Limit	\$1,000,000

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

\*\*\*Cert Holder Cont: and Developmental Disabilities

Whereby required by written contract or agreement, Georgia Department of Behavioral Health and Developmental Disabilities is included as an Additional Insured under the Commercial General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

Georgia Department of Behavioral Health*** 200 Piedmont Avenue, S.E. 6th Floor, West Tower Atlanta GA 30334-9026	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Teresa Hayward</i></p>
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ADDITIONAL COVERAGES

Ref #	Description Medical payments				Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
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**COVERAGES****CERTIFICATE NUMBER:** CL2542166935**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> Social-Professional Liability \$1M ag						MED EXP (Any one person)	\$ 20,000
	<input checked="" type="checkbox"/> Liquor Liability: \$1M occ/\$1, agg						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						SAM/Abuse	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist BI-	\$ 1,000,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			02UB00223070107	04/23/2025	04/23/2026	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CF1WK1000025807	12/03/2024	12/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Georgia Association of Recovery Residences is listed as an additional insured with respect to General Liability only as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Georgia Association of Recovery Residences 8343 Roswell Rd. #267 Atlanta GA 30350	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Teresa Hayward</i></p>
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ADDITIONAL COVERAGES

Ref #	Description Medical payments				Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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INSURER(S) AFFORDING COVERAGE	NAIC #														
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**COVERAGES****CERTIFICATE NUMBER:** CL2542166935**REVISION NUMBER:**

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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						SAM/Abuse	\$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>			02CP00223070118	04/23/2025	04/23/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
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**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government 141 Pryor St SE Atlanta GA 30303-3408	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="text-align: center;"><i>Teresa Hayward</i></p>
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Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		

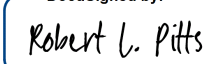
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.

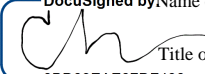
OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME **Covenant Community, Inc**

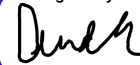
DocuSigned by:  
  
BA715B1A26544E7  
Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

DocuSigned by: Name of Signatory: Christine Carter Love  
  
Title of Signatory: Executive Director  
3BD83EAE87DF438...  
Authorized Signature

ATTEST:

ATTEST:

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

Signed by: Name of 2nd Signatory: **Audrey Anderson**  
  
Title of 2nd Signatory: **Development Manager**  
2524BCFC292F448...  
Second Authorized Signature

(Affix County Seal)

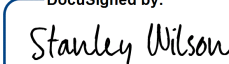


(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

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

APPROVED AS TO CONTENT:

DocuSigned by:  
  
5E4D76DFB4A0450...  
Stanley Wilson, Director  
Fulton County Department of  
Community Development

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

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

## Certificate Of Completion

Envelope Id: A4CA0C3C-A38F-4D17-BDB9-6917FF3BB0E5

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Covenant Community, Inc-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 37

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.175.49

## Record Tracking

Status: Original

6/20/2025 7:00:14 PM

Holder: Cherie Williams

Cherie.Williams@fultoncountyga.gov

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

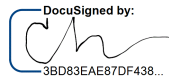
## Signer Events

CHRISTINE LOVE

clove@covenantatlanta.org

Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
3BD83EAE87DF438...

Signature Adoption: Drawn on Device

Using IP Address: 2600:387:f:5c16::9

Signed using mobile

## Timestamp

Sent: 6/20/2025 7:07:45 PM

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Signed: 6/20/2025 7:09:52 PM

## Electronic Record and Signature Disclosure:

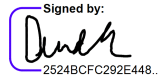
Accepted: 4/30/2021 12:47:50 AM

ID: cb07ee5b-7440-459f-9476-fdee29ab076a

Audrey Anderson

aanderson@covenantatlanta.org

Security Level: Email, Account Authentication (None)

Signed by:  
  
2524BCFC292E448...

Signature Adoption: Drawn on Device

Using IP Address:

2601:c2:2:b84d:25a7:b3a8:23cb:4d0a

Signed using mobile

Sent: 6/20/2025 7:09:55 PM

Resent: 6/23/2025 9:16:56 AM

Viewed: 6/23/2025 3:17:57 PM

Signed: 6/23/2025 3:52:59 PM

## Electronic Record and Signature Disclosure:

Accepted: 6/23/2025 3:17:57 PM

ID: da238d38-e62f-479b-b550-c3f4135e3d6f

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication (None)

**Completed**

Using IP Address: 45.20.200.178

Sent: 6/23/2025 3:53:02 PM

Resent: 6/24/2025 9:48:09 AM

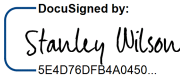

Resent: 6/25/2025 1:05:03 PM

Viewed: 6/25/2025 1:16:13 PM

Signed: 6/25/2025 1:16:26 PM

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by:  5E4D76DFB4A0450...  Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/25/2025 1:16:29 PM Viewed: 6/25/2025 4:57:14 PM Signed: 6/25/2025 4:57:22 PM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<b>Completed</b>  Using IP Address: 74.174.59.4	Sent: 6/25/2025 4:57:24 PM Viewed: 6/30/2025 9:35:49 AM Signed: 6/30/2025 9:38:04 AM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 6/30/2025 9:35:49 AM ID: fd5d2aec-cfcf-4353-92cf-54a1715c1eed		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8...  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/30/2025 9:38:08 AM Viewed: 6/30/2025 9:39:14 AM Signed: 6/30/2025 9:39:59 AM
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Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	<b>Completed</b>  Using IP Address: 166.137.19.31	Sent: 6/30/2025 9:40:02 AM Resent: 7/2/2025 2:20:21 PM Viewed: 7/2/2025 3:55:42 PM Signed: 7/2/2025 3:56:08 PM
<b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  BA715B1A26544E7...  Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/2/2025 3:56:11 PM Viewed: 7/2/2025 4:27:38 PM Signed: 7/2/2025 4:27:43 PM
<b>Electronic Record and Signature Disclosure:</b> 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: 7/2/2025 4:27:46 PM Viewed: 7/2/2025 7:14:15 PM Signed: 7/2/2025 7:14:29 PM
<b>Electronic Record and Signature Disclosure:</b>		

Signer Events	Signature	Timestamp
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Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>Completed</b>  Using IP Address: 45.20.200.178	Sent: 7/2/2025 7:14:32 PM Resent: 7/3/2025 10:49:56 AM Viewed: 7/3/2025 2:11:41 PM Signed: 7/3/2025 2:11:49 PM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 6/20/2025 7:07:43 PM Viewed: 7/3/2025 2:18:39 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 6/20/2025 7:07:44 PM Resent: 7/3/2025 2:11:56 PM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 6/20/2025 7:07:44 PM Viewed: 7/3/2025 2:17:24 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 7/3/2025 2:11:52 PM Viewed: 7/3/2025 2:17:34 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp



Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/20/2025 7:07:44 PM
Certified Delivered	Security Checked	7/3/2025 2:11:41 PM
Signing Complete	Security Checked	7/3/2025 2:11:49 PM
Completed	Security Checked	7/3/2025 2:11:52 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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

**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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