



**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 **The Sobriety Resource, Inc.** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the “Parties”).

WITNESSETH

WHEREAS, as part of its official functions, Fulton County is authorized to exercise the power of taxation pursuant to Art. IX, Section IV., Par. I of the Constitution of the State of Georgia of 1983, and to expend such funds raised by the exercise of said powers for public purposes as declared in Art. IX, Section IV., Par. II of the Constitution; and

WHEREAS, Contractor has in its employ personnel, and under its supervision, facilities and resources by which it can render to Fulton County and the citizens thereof certain services authorized by the aforementioned Constitutional provision; and

WHEREAS, Contractor has agreed to render services to the citizens of Fulton County, and the County has appropriated funds for those services; and

WHEREAS, the parties desire to execute a formal agreement for the services to be rendered by Contractor, and said services shall be defined, and consideration to be paid for such services by Fulton County for the successful performance of the services, and shall be enumerated.

The Agreement was approved by the Fulton County Board of Commissioners on **May 21, 2025, BOC#25-0398**.

NOW, THEREFORE, in consideration of the premises, payment of the sum hereinafter set forth and the performance of the services described herein, it is mutually agreed as follows:

INDEX OF ARTICLES

ARTICLE 1. PARTIES AND TERM

ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES

ARTICLE 3. COMPENSATION FOR SERVICES

ARTICLE 4. RECORD KEEPING

ARTICLE 5. INDEMNIFICATION

ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE

ARTICLE 7. INDEPENDENT CONTRACTOR STATUS

ARTICLE 8. INSURANCE

ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT

ARTICLE 10. SUBCONTRACTING

ARTICLE 11. ASSIGNABILITY

ARTICLE 12. SEVERABILITY OF TERMS

ARTICLE 13. PRECEDENCE OF AGREEMENT

ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY

ARTICLE 15. CAPTIONS

ARTICLE 16. GOVERNING LAW

ARTICLE 17. JURISDICTION

ARTICLE I - PARTIES AND TERM:

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

(b) The Chairperson of the Board of Directors for the Contractor or authorized representative (hereinafter "Board Chair") represents that she/he is authorized to bind and enter into contracts on behalf of Contractor, including this Agreement.

(c) Nothing contained in this Agreement shall be constructed to be a waiver of Fulton County's sovereign immunity or any individual's official or qualified good faith immunity.

(d) This Agreement will remain in effect from **01/01/2025**, until midnight **12/31/2025**.

(e) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis under this Agreement whenever necessary, in the sole opinion of Fulton County, to avert a life threatening situation or other sufficiently serious deficiency.

ARTICLE II - SCOPE OF CONTRACTOR'S DUTIES:

Upon execution of this Agreement, the Contractor will provide the following services for Fulton County:

SCOPE OF WORK:

Community Services Program (CSP)

CSP Service Category: 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

Homelessness: Not Applicable

Senior Services: Not Applicable

The Sobriety Resource, Inc., 2025 Community Services 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):

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
Second Chance Recovery Residences Atlanta Sober Living Program	315 Madera Ct	Sandy Springs	GA	30350	2	2
The Arches Recovery Services	8343 Roswell Rd	Atlanta	GA	30350	2	1,2
Covenant Community Inc	623 Spring St NW	Atlanta	GA	30308	6	6
IRIS Transitional Living	8213 Colquitt Rd.	Atlanta	GA	30350	2	2

Approach and Design:

The Sobriety Resource, Inc., 2025 Community Services Program will provide services to **20** clients that reside in Fulton County, with CSP funding.

The Sobriety Resource, Inc., 2025 Community Services Program will provide the following activities and services in Fulton County with CSP funding:

Approach and Design:

1. The specific activities and services that will be provided to support our CSP funding priorities include:

TSR will provide a resource as a point of entry for those seeking recovery. Through our assessments, referrals and financial assistance to those in need, we are able to help those with financial barriers to access and sustain effective recovery programs. We provide financial assistance for those in need, with initial disbursements ranging from \$750 to \$2,500 to provide support for the first few weeks in a recovery/sober living program. Clients often need additional funding prior to obtaining employment and becoming independent. TSR provides up to three rounds of funding to ensure that clients are able to remain in a treatment or sober living program as long as possible.

CSP Funding Priority #1. “Prevent illness by engaging in healthier behavior,” with a focus on the following KPI: “Percentage of residents engaged in substance abuse treatment--opioid, drinking, vaping.”

100% of the residents TSR serves are engaged in substance abuse treatment. Last year, the percentage of preferred substances was: Alcohol – 37%; Benzodiazepine – 4%; Cocaine – 7%; Crack – 7%; Methamphetamine – 22%; Multi-substances – 11%; Opioids – 7%; Unknown - 4%.

TSR will continue to assist in preventing illness by encouraging participation in substance abuse treatment. People with a history of drug and alcohol use are at greater risk of becoming sick with a myriad of illnesses as their immune systems are often compromised. This can result also in higher rates of infections, such as Hep C and HIV. They have high rates of nicotine addiction, smoking, and high rates of chronic lung disease.

CSP Funding Priority #2. “Prevent health disparities by educating residents and connecting them to available resources,” with a focus on the following KPI: “Number of people who receive behavioral health services.”

TSR will aid in preventing health disparities by fielding requests for advice, program information, and recovery services, therefore increasing the number of people who receive behavioral health services. TSR will continue to offer two weekly workshops in collaboration with the Fulton County-based Beloved Atlanta program. This program was launched mid-year in 2022 and has doubled the number of weekly workshops offered.

2. These activities and services will be accomplished via TSR's mission and operations. TSR will evaluate all applicants for funding with regard to their specific needs based on the client's scholarship statement that includes the following questions:

Which program services have you applied for and why?

What do you hope to gain through your participation in this program or these services?

List three areas that you will work on during your participation in the recovery process.

Give us a brief description of what has happened in your past to bring you to this point in your life.

How will this assistance help you in your recovery?

How will this assistance impact your future hopes and plans?

In addition, letters of recommendation from counselors, therapists, attorneys or other referral sources will provide information on the appropriate level of care and the client's willingness to recover.

In 2023, we instituted two significant changes to our application process. First, we began the practice of interviewing applicant via Zoom prior to awarding funds. The face-to-face connection allows us to better understand the clients' needs and willingness to work on their recovery. In turn, the applicant has a face and name to attach to their scholarship which personalizes the funding and helps reinforce their commitment to recovery. Second, we reduced the number of programs in Georgia we partner with and increased the number of times a client can reapply for additional funding. We have found that a number of our previous partners were no longer adhering to our philosophy of care. Therefore, we no longer could provide funding for clients enter those provider programs. This resulted in fewer applicants being funded, but allowed us to use the funds we had to support clients who showed a commitment to recovery to help them remain in their program for a longer period of time.

3. This proposal addresses the following Fulton County "Health and Human Services" Key Performance Indicators:

- Under "1) Prevent illness by engaging in healthier behavior," it will achieve "Percentage of residents engaged in substance abuse treatment--opioid, drinking, vaping."
- Under "2. Prevent health disparities by educating residents and connecting them to available resources," it

will achieve “Number of people who receive behavioral health services.”

4. This proposal address two CSP funding priorities under “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. In terms of community collaborative relationships to assist organizations in addressing the need, TSR acts as an advocate for each candidate to ensure they are receiving the services they are entitled to, and that these programs are operating at optimal standards in alignment with the standards set out by our organization.

TSR will continue to collaborate with Fulton County programs that adhere to our treatment standards and do not own an Intensive Outpatient facility (IOP) from which they receive financial benefits.

- The Arches
- 365 Recovery
- Creekside Recovery
- Second Chance RR-Men and Women
- Threshold of Integrity
- Covenant
- Harvard House
- Iris Recovery
- Gilgal
- Mary Hall Freedom House
- Anchor in Recovery

* Beloved Atlanta- TSR offers an addiction education program to victims of trafficking

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.)	\$0.00
Operational (25% Operational max of total funds awarded.)	\$0.00
Direct Services	\$25,000.00
<i>Total</i>	\$25,000.00

Explanation of Funding Details:

We expect that 50% of the \$25,000 will be spent between January and June and 50% between July and December.

The \$25,000 total requested from CSP will support approximately 20 individuals in Fulton County to receive scholarships to treatment programs for Substance Use Disorders, helping applicants who demonstrate the need and determination to work toward recovery. Recipients may apply for supplemental funding twice during their stay in a recovery program. In this way, we will help all Fulton County residents served to have longer periods in recovery programs, resulting in stronger long-term outcomes for their sobriety and health.

Program Performance Measures:

The Sobriety Resource, 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, 3. Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures

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:

County Defined Performance Measures:

County-Defined Performance Measure 1. “Number of individuals connected to available resources to help mitigate illness and health disparities.”

This will be measured by the number of requests for advice, program information and referrals made for recovery services.

County-Defined Performance Measure 2. “Number of individuals receiving referrals to behavioral health and other supportive services.”

This will be measured by the number of individuals receiving assessments and referrals for recovery resources through phone calls, emails, and applications. The significant relapses and dangerously reduced access to addiction treatment, coupled with inadequate recovery resources, make our ability to provide assessments and referrals for individuals seeking recovery more important than ever.

County-Defined Performance Measure 3. “Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures.”

This will be measured by the number of individuals able to continue in a recovery program. Programs will complete bi-monthly client update questionnaires to indicate how well the client is participating in the program, their employment status or discharge status (Attachment 1). In addition, the questionnaire lists the clients who have discharged from the program and requests information on their recovery status. In this way we can track clients for a year or more and determine their quality of life after gaining the tools for continued abstinence in their recovery program. For many who have chosen to seek sobriety, living in a recovery residence can be a critical part of the journey between an intensive residential treatment and living independently without drugs or alcohol. The ability to maintain recovery can mean the difference between health and wellness or life and death.

TSR will provide financial assistance for approximately 20 Fulton County individuals in 2025. Our goal will be to assist as many individuals as possible with the funds available and, with many participants in a recovery residence working, there is often an opportunity for the individual to contribute to their program costs and also encourage a successful outcome by investing in themselves. TSR provides supplementary funding to clients to help them remain in their recovery program while they are seeking employment or in the event that their salary is insufficient to allow them to stay in their program.

Our program manager is a data collection specialist and we know that continued data collection is an integral part of validating the impact our organization has on the community. This enables us to continuously monitor KPIs and the working relationships we have with various programs to assess effectiveness as well as ensure referrals are made to the appropriate level of care. Data are maintained in a FileMaker Pro database, a relational database that can be queried on many levels to relate demographic data, preferred substance, and treatment history to the client's

progress in treatment.

Agency Defined Performance Measure(s):

Agency Defined Performance Measures:

The Sobriety Resource will report the following Agency Defined Performance Measures:

Performance Measure 1: For individuals seeking recovery, TSR will provide assessments and case management for our program partners in Fulton County: four programs that serve men exclusively, two that serve women exclusively, and four that serve both men and women. This provides the ability to find the appropriate housing opportunity based on assessment and the best interest of the individual rather than the interest of the provider.

Performance Measure 2: TSR will utilize funds to provide scholarships for applicants who demonstrate the need and determination to work toward recovery. Recipients will be able to apply for supplemental funding twice during their stay in a recovery program. This support is critical, as many of our participants have lost their jobs or are having difficulty finding employment. TSR's assistance reduces barriers to participating in and maintaining a residential recovery program in the ongoing economic challenges affecting our community members in the wake of the COVID-19 pandemic. Applications are read and evaluated by the Application Administrator who then determines which ones will be granted a scholarship and how much will be funded. The client then must have a virtual interview with the Application Administrator through a Zoom meeting. This provides a more personal interaction, for the client to put a face to The Sobriety Resource, and for the application Administrator to obtain a more in depth understanding of the client's resolve to work toward recovery.

For supplemental funding the same procedure is followed: an application is submitted and evaluated; a Zoom meeting takes place; the funds are awarded.

Performance Measure 3: TSR will allow the client to remain in recovery longer, giving them a better chance of successfully completing the program, a longer time living without drugs or alcohol and a

greater possibility of remaining abstinent after leaving the program. It has long been known that the longer a client remains in treatment the better chance they have of maintaining abstinence after discharging. (Simpson, 1979), (Hubbard, 1994), (Connors, Grant, Crone, & Whiteside-Mansell, 2006).

To remain in treatment clients often need funding beyond their initial scholarship from TSR. The table below shows the difference in length of stay (LOS) for clients in Fulton County programs who have received one or more than one scholarship from TSR. There is a significant percent increase in the LOS for those receiving more than one scholarship. For those who received more than one scholarship and were still in a program as of the last Update Questionnaire, there is a 220.5% increase in LOS over those who received one scholarship. For those who have discharged in the past two years and received more than one scholarship there is a 55% increase in LOS over those who received one scholarship.

Comparison of Length of Stay (LOS) for Clients Receiving One Scholarship vs Those Receiving More than One Scholarship				
Status by Number of Payments	Avg. LOS (days)	Min LOS	Max LOS	Std Dev.
One Payment n=50				
Still in Program n=10	76	17	184	54.13
Discharged n=40	100	1	39	107.1
>1 Payment n=17				
Still in Program n=11	260	89	495	122.81
Discharged n=6	166	30	361	147.42
Percent Difference of LOS by Number of Payments and Status	1 Payment LOS	>1 Payment LOS	% Increase	

Comparison of Length of Stay (LOS) for Clients Receiving One Scholarship vs Those Receiving More than One Scholarship				
Status by Number of Payments	Avg. LOS (days)	Min LOS	Max LOS	Std Dev.
Still in Program	76	260	220.5%	
Discharged	100	166	55%	

References:

Simpson, D. D. (1979). The relation of time spent in drug abuse treatment to posttreatment outcomes. *American Journal of Psychiatry*, 136, 1449-1453.

Hubbard, W. S. (1994). Relationship between time spent in treatment and client outcomes from Therapeutic Communities. *Journal of Substance Abuse Treatment*, 11, 25-33.

Connors, Nicola, April Grant, Cynthia Crone, Leanne Whiteside-Mansell (2006). Substance abuse treatment for mothers: Treatment outcomes and the impact of length of stay. *Journal of Substance Abuse Treatment* 31:447-456

The Sobriety Resource will act as an advocate for each candidate to ensure they are receiving the services they are entitled to and that these programs are operating at optimal standards in alignment with The Sobriety Resource's requirement that the provider offers a safe and therapeutic environment that has the client's welfare as its first priority.

Information about available services presented at Fulton County's Recovery Community Organizations (RCOs)

TSR will educate Fulton County RCOs about the organization and services available to those in need of these services. This will position our organization to serve as a community resource ready to provide professional care to individuals, families, and organizations in need of education, training, and guidance to ensure best practices and positive outcomes.

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:

**The Sobriety Resource, Inc.
3918 Ardsley Drive
Marietta, Georgia 30062**

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 **The Sobriety Resource, 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

Contractor's Name:	The Sobriety Resource
Project No. and Project Title:	25RFP020325C-MH 2025 Community Services 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:

1849057

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

6/23/2022

Date of Authorization

Julie Hansen

Authorized Officer or Agent
(Name of Contractor)

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

Julie Hansen

Printed Name (of Authorized Officer or Agent of Contractor)

Julie Hansen
Signature (of Authorized Officer or Agent)

Administrator

Title (of Authorized Officer or Agent of Contractor)

2/21/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

21 DAY OF **Feb**, 20 **25**

[Signature]
Notary Public

My Commission Expires: **7/21/28**

[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:	The Sobriety Resource
Project No. and Project Title:	25RFP020325C-MH 2025 Community Services 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.

1849057

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

6/23/2022

Date of Authorization

Julie Hansen

Authorized Officer of Agent
(Name of Subcontractor)

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

Julie Hansen

Printed Name (of Authorized Officer or Agent of Contractor)

Julie Hansen
Signature (of Authorized Officer or Agent)

Administrator

Title (of Authorized Officer or Agent of Contractor)

2/21/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

21 DAY OF **Feb** 20**25**

[Signature]
Notary Public

My Commission Expires: **7/21/28**

[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).

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/02/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh& McLennan Agency LLC P.O. Box 70 300 W. Tenth Street West Point, GA 31833	CONTACT NAME: Dawn B Oliver PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: Dawn.Oliver@MarshMMA.com
INSURED The Sobriety Resource, Inc. 3918 Ardsley Dr Marietta, GA 30062-5819	INSURER(S) AFFORDING COVERAGE INSURER A : United States Liability Insurance Co. NAIC # 25895 INSURER B : Philadelphia Indemnity Insurance Co. 18058 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1611873C	06/09/2025	06/09/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XL1628516C	06/09/2025	06/09/2026	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	D&O Liability			PHSD1825908	11/12/2024	11/12/2025	\$1,000,000
A	Abuse/Molestation			NPP1611873C	06/09/2025	06/09/2026	\$100,000 ea/\$200,000 ag
A	Professional E&O			NPP1611873C	06/09/2025	06/09/2026	\$1M ea/2M ag

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

(GL) Additional insured- Designated Person or Organization per form CG 20 26 04 13

(GL) Waiver of Transfer of Rights of Recovery Against Others to us per form CG 24 04 05 09

(GL) Primary and Non-Contributory- Written Contract per form L776 (10-13)

(XL) Schedule of Underlying Insurance per form XL SCH (03/11)

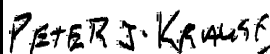
CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
141 Pryor Street SW
Atlanta, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance Waiver Request Form

Instructions:

Please complete each field of the COI waiver request form for the insurance coverage for which a waiver is being requested. If there are multiple requests, a new form must be used for each request. All completed waiver request forms should be emailed to your assigned District Administrator. An approved waiver form must be included as part of the COI document and uploaded to WebGrants under "Other Supporting Documents."

Date: 5/29/25

Requesting Agency/Company: The Sobriety Resource

Contact Name: Charmon Talley

Phone Number: 4049520363

Email Address: charmon@thesobrietyresource.org

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

We utilize 1099 Contractors exclusively and do not provide insurance,
benefits or provide workers compensation insurance.

Acknowledgment and Signature

By signing below, I acknowledge that our agency is requesting a waiver of the Certificate of Insurance requirement. I understand that this request must be reviewed and approved by management, and that a waiver may not be granted in all cases.

Signature: Charmon W Talley

Title: Executive Director

Date: 5/29/25

For Internal Use Only

Waiver Approved: ☒ Yes ☐ No

Reviewed By: Cherie Williams

Date: May 29, 2025

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

Certificate of Insurance Waiver Request Form

Instructions:

Please complete each field of the COI waiver request form for the insurance coverage for which a waiver is being requested. If there are multiple requests, a new form must be used for each request. All completed waiver request forms should be emailed to your assigned District Administrator. An approved waiver form must be included as part of the COI document and uploaded to WebGrants under "Other Supporting Documents."

Date: 5/29/25

Requesting Agency/Company: The Sobriety Resource

Contact Name: Charmon W Talley

Phone Number: 404-952-0363

Email Address: charmon@thesobrietyresource.org

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

All contractors are 1099 and none use vehicles for organizational use.

Acknowledgment and Signature

By signing below, I acknowledge that our agency is requesting a waiver of the Certificate of Insurance requirement. I understand that this request must be reviewed and approved by management, and that a waiver may not be granted in all cases.

Signature: Charmon W Talley

Title: Executive Director

Date: 5/29/25

For Internal Use Only

Waiver Approved: ☒ Yes ☐ No

Reviewed By: Cherie Williams

Date: May 29, 2025

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

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 **The Sobriety Resource, Inc.**

DocuSigned by:

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

Signed by: Name of Signatory: Charmon W Talley

B7F079A117FE4BC... Executive Director
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

DocuSigned by: Name of 2nd Signatory: Julie Hansen

22F26A2BEE81448... Database Administrator
Second Authorized Signature

(Affix County Seal)



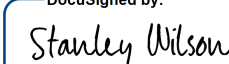
(Affix Corporate Seal, if applicable)

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

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Status: Completed

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Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 31

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountygga.gov

IP Address: 166.137.175.9

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/19/2025 7:24:03 AM

Cherie.Williams@fultoncountygga.gov

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Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

CharmonTalley

charmon@thesobrietyresource.org

Executive director

Security Level: Email, Account Authentication
(None)

Signed by:


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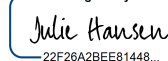
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Julie Hansen

hansjulie@gmail.com

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(None)

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Mark Hawks2

mark.hawks@fultoncountygga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

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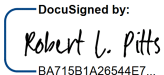

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Signed: 6/20/2025 8:38:19 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
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David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 24.99.192.18	Sent: 6/20/2025 1:17:44 PM Viewed: 6/20/2025 1:26:37 PM Signed: 6/20/2025 1:31:12 PM
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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)	Completed Using IP Address: 66.56.23.82	Sent: 6/20/2025 1:31:14 PM Resent: 6/23/2025 9:03:37 AM Resent: 6/24/2025 9:40:13 AM Resent: 6/25/2025 1:02:36 PM Viewed: 6/27/2025 3:22:32 PM Signed: 6/27/2025 3:23:10 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:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 3:23:13 PM Resent: 7/1/2025 12:09:40 PM Viewed: 7/1/2025 12:24:23 PM Signed: 7/1/2025 12:24:26 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: 7/1/2025 12:24:28 PM Viewed: 7/1/2025 1:03:19 PM Signed: 7/1/2025 1:03:37 PM

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 7/1/2025 1:03:41 PM Resent: 7/3/2025 10:47:29 AM Viewed: 7/9/2025 10:27:44 AM Signed: 7/9/2025 10:27:49 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: 6/19/2025 7:29:55 AM Viewed: 7/9/2025 10:35:02 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: 6/19/2025 7:29:55 AM Resent: 7/9/2025 10:27:56 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: 6/19/2025 7:29:56 AM Viewed: 7/9/2025 10:34:35 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/9/2025 10:27:52 AM Viewed: 7/9/2025 10:34:15 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/19/2025 7:29:55 AM
Certified Delivered	Security Checked	7/9/2025 10:27:44 AM
Signing Complete	Security Checked	7/9/2025 10:27:49 AM
Completed	Security Checked	7/9/2025 10:27:52 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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

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Required hardware and software

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

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