



**FULTON
COUNTY**

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 24RFP013124C-MH

2024 CONSOLIDATED COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

CONTRACT AGREEMENT

THIS AGREEMENT (“Agreement”), entered into this **1st day of January 2024**, 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 **Hillside, 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 17, 2024, BOC#24-0350**.

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 **01/01/2024**, until midnight **12/31/2024**.

(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:

Consolidated Community Services Program (CCSP)

CCSP Service Category: Children and Youth Services

CCSP Funding Priority(ies):

Children and Youth: Ensure Safety and Justice by providing alternatives to activities/contributing factors leading to unhealthy behaviors...,Programs addressing mental health depression stress trauma and anxiety among youth and teens,Programs and services focusing on one or more of the six National Milestones of My Brothers Keeper...

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Veterans Services: Not Applicable

Hillside, Inc., Connecting Communities Mental Health Program will provide services at the following locations at specified times during the contract period of **01/01/2024** through **12/31/2024**:

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
Ashley Cascade Apartments	1371 Kimberly Way SW	Atlanta	GA	30331	5	5

Approach and Design:

Hillside, Inc., Connecting Communities Mental Health Program will provide services to **32** clients that reside in Fulton County, with CCSP funding.

Hillside, Inc., will provide the following activities and services in Fulton County with CCSP funding:

The services we provide to families through our program include, but are not limited to:

1. Group Assessment
2. Healthcare Navigation and Planning
3. Parent Training
4. Case Management (as required)
5. Behavior Management
6. Advocacy
7. Coaching
8. Crisis Support (as required)
9. Life Skills Coaching

Please refer to the below section titled “CSP Funding Priorities” to see how our activities and services support the 2024 funding priorities.

Activities and Services Accomplished

Our methods for improving family functioning, thereby reducing the need for crisis services and increasing self-sufficiency, are as follows:

- Equipping families with the parenting skills needed to foster family support, reduce risk factors and promote healthy behaviors for children and youth.
- Teaching families how to advocate for their child(ren)
- Helping families build a network of professional and natural supports (i.e. friends, neighbors, relatives)
- Connecting families with existing resources in the community
- Engaging with families in a way that teaches them how to obtain needed resources to assist their children with their behavioral and/or emotional problems
- Advocating for a child’s educational needs and teaching the family how to partner with the child’s school
- Helping families plan for the future
- Helping families understand psychotropic medications, psychological diagnoses and how the mental health system operates
- Equipping families with the parenting skills needed to improve a child’s behavior problems
- Developing emotional regulation skills for the parent(s) and child
- Developing crisis plans and coaching the family on how to use them with their formal and informal supports

We utilize the following evidence-based practices in order to accomplish our activities and services:

Wraparound and Triple P (Positive Parenting Program). Wraparound is an evidence-based, team-based planning process intended to provide individualized, coordinated, family-driven care. At its most basic level, Wraparound involves engaging a family to help them wrap-around all services and supports they need in order

to function effectively and preserve their family unit. We have employed the Wraparound process for over 20 years in order to deliver the services described above.

Wraparound is a highly effective planning process which uses specific engagement strategies that are useful with the families we serve, many of whom struggle with trust and engagement. Wraparound gives the families specific skills to use to improve in these areas by practicing and learning how to trust and engage. The ten principles that are practiced in every wraparound intervention are: 1. Family Voice and Choice; 2. Team-Based; 3. Natural Supports; 4. Collaboration; 5. Community-Based; 6. Culturally Competent; 7. Individualized; 8. Strengths-Based; 9. Persistence; 10. Outcome-Based. This ultimately impacts the outcome of program services by revealing and addressing the underlying issues that prevent families from progressing with traditional service providers. Having a shared vision and mutual respect helps to elevate the family to feel empowered and believe that they are able to care for their child. Included in the supporting documents is an article titled “Ten Principles of the Wraparound Process,” written by Eric Bruns and Janet Walker. This article describes the Wraparound process in greater detail. Wraparound is listed on the California Evidence-Based Clearinghouse (CEBC) as a Placement Stabilization Program and has a Level 3 rating for Promising Research Evidence and a High level of relevance to Child Welfare Systems: <http://www.cebc4cw.org/program/wraparound/>.

Triple P is an evidence-based parent training and disruptive behavior treatment program that gives parents simple and practical strategies to help them confidently manage their children’s behavior. We have multiple certified Triple P practitioners on staff and have delivered in-home Triple P services to hundreds of families since 2015. We delivered Triple P services to families for four years through a Child Abuse and Neglect Prevention grant (DFCS office of Prevention and Community Support). We have also been delivering Triple P services to families through a federal award program called Promoting Safe and Stable Families (PSSF) Since 2016 Triple P is listed on the CEBC as both a Parent Training Program and a Disruptive Behavior Treatment Program: <https://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/>. Triple P has a Level 1 rating for being Well Supported by Research Evidence, a Medium level of relevance to Child Welfare Systems and has been found to decrease disruptive behaviors in children and adolescents.

We have adapted our standard delivery of Triple P and tailored it to the needs of the residents at Ashley Cascade. Our staff team will lead parents through a bite sized version of the course working on one of the principles at a time using training videos, workbook exercises, role modelling and role play to engage parents Through this process, parents are taught how to regulate their own emotions and trust their self-efficacy. With help from our certified Triple P practitioners, parents can break down some of specific behaviors that they want to work on as a family and will be supported to develop interventions that work in the area that they choose to target. For example, a parent may choose to target a decrease in the amount of aggressive or threatening child behavior, as they may identify this as the primary source of conflict within their home. Parents learn and practice interventions with our staff, then continue to practice them on their own as part of their learning. In the

following sessions, progress is reviewed, and obstacles are addressed. Through this process, parents learn skills at their own pace that ultimately improve the functioning of the family and increase the wellbeing of the child.

“Health & Human Services”

Our program prevents health disparities by connecting residents to resources and supports vulnerable residents in social services, two of the program objectives for the Health & Human Services category. While our primary focus is on improving mental, emotional and behavioral health we are also assisting families with the stressors that can impact housing, literacy and health care access. We do this indirectly, by connecting families with formal and informal supports such as neighbors, places of worship, government programs, and linking families to professional tutoring services when indicated through assessment. Addressing health disparities, promoting education and employing a preventative approach across each of the program areas identified in the RFP is essential to our overall goal of strengthening the family unit.

“Justice and Safety”

The Hillside team has also been instrumental in improving community safety and reducing the number of children that participate in unhealthy or problem behaviors. Our staff attends the regular safety meetings at the Ashley Cascade apartments, raising issues of concern and encouraging residents to advocate for themselves. This is helping to engage and support the vulnerable citizens who live at the apartments and are being impacted by community violence and crime. Since launching the program, we have seen an increased police presence, improved community safety and a reduction in crime. The weekly sessions that we provide for young people also provides an alternative to high-risk activities that they might otherwise participate in. Having a safe space where they can learn skills to help manage their emotions and build protective factors contributes to violence reduction in the community.

Here are some examples of how our program achieves program objectives:

A new family moved into the apartment complex. They had no furniture or cooking pans and utensils. Both of our team members at the Ashley Cascade program are representatives and Certified Case Managers for the Atlanta Furniture Bank. The ladies assisted the family to apply for items of furniture and because of this, they are now able to enjoy family meals together around a table.

The mother works at the airport and has been struggling to juggle family responsibilities with her job. We have assisted the family to complete an application for day care and involved the children in the weekly groups that we run at the apartments.

A young girl in our program was showing signs of bullying behaviour which was disrupting the group. When our staff member spoke with the girl, she discovered that her mother had died and she was living with her

grandmother. She had received some therapy in school but this had concluded and like many young people, she could not access any other services due to all appointments taking place during school hours. The girl is holding on to a lot of anger over her mother's death and our program team is helping her to learn skills to manage her emotions. The girl and her grandmother have both been connected to additional supports to help them get the support for both practical and emotional needs.

A teenage boy who attends the group at Ashley Cascade needed help to get his license reinstated. Our staff member assisted him with practising and studying for the permit exam and encouraged him to take the test. She also supported him in understanding what items he would need to be able to obtain his licensure. She included the group in this effort and ran a session about the importance of staying safe and staying out of trouble to be able to maintain a license for life and take advantage of the opportunities a license offers for both employment and leisure. The boy has had his license reinstated.

These are only a few examples, highlighting three of the families we have served in our Community Programs. We believe that these three stories demonstrate how our services touch all aspects of the lives of the families we serve and how by supporting them to access services and learn new skills, we can help them to lead healthier lives more fulfilling lives with increased opportunities.

We address the following Children & Youth Funding Priorities:

Afterschool/ Out of School Programs to help bring up academic and social/behavioral levels of school-aged youth (afterschool programming, enrichment programs, tutoring, mentoring, summer camps, camps during school breaks)

As described throughout this proposal, we provide services to the entire family in order to help strengthen the family unit and each child's place in the community. We do this by running open sessions for children and youth at the Ashley Cascade Apartments. The sessions focus on a range of topics including financial literacy, how to say "no" to stay out of trouble, and creating good behaviour. We also include fun, learning opportunities including games, arts and crafts. We work with professional tutors, such as Atlanta MathsPlus and can connect families with after/out of school organizations to access additional academic help for their children.

Above all, we work with families to help them develop natural supports. At its most basic level, this is like having an aunt or friend who can help the child with homework or take them on trips. One of the many benefits of the open sessions is that they have connected neighbors and created a local network of support. We help families connect with local resources such as the Boys and Girls Club, the YMCA, and other similar after-school programs. All of this ensures that family caregivers have supports and services in place to effectively meet their child's academic and social needs.

Designation of CSP Funds:

Based on the awarded amount of **\$40,000.00**, the CCSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

Administrative Expenses- CCSP Funds that are spent on executive / management staff and administrative support staff salaries, salary fringe, and benefits; etc.).

Operational Expenditures- CCSP funds used to conduct agency/ organizational functions that are secondary to program service delivery such as office/ warehouse lease or mortgage expenses, office supplies (pens, toner, paper, etc.), utility expenses, transportation expenses (staff travel expenses), marketing/catalogs, etc.

Direct Service Expenditures- CCSP 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, 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).

The maximum amount of CCSP funds allowed for administrative purposes (executive staff salaries and benefits only) is 5% of funds awarded. Throughout the contract period, program expenditures will be monitored (via performance reports) to ensure that funding is utilized as contracted.

Cost Category	Designation of CCSP Funding Award
Administrative (5% Admin max of funds awarded.)	\$2,000.00
Operational	\$4,382.00
<i>Total</i>	\$40,000.00

Cost Category	Designation of CCSP Funding Award
Direct Services	\$33,618.00
<i>Total</i>	\$40,000.00

Explanation of Funding Details:

All additional information regarding Funding can be found in the Reasonable and Necessary Expenditures section in Question 14.

Program Performance Measures:

Hillside, Inc. agrees to track and report program performance to the Fulton County Department of Community Development.

County Defined Performance Measure(s):

Children and Youth: Number of boys/young men of color benefiting from My Brother's Keeper (MBK) Alliance six National Milestones...,Number of school-aged youth engaged in/benefiting from In school/ Afterschool/ Out of School Programs...,Number of youth involved with or at risk for involvement with the Juvenile Justice System...,Number of youth/teens receiving referrals to behavioral health, evidence based programming/other supportive services

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Veterans 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 01/01/2024 through 12/31/2024:

Methods to be Used and Goals to be Obtained

Our methods for improving family functioning, improving mental health awareness, reducing risk factors and increasing self-sufficiency, are as follows:

- Teaching families how to advocate for their child(ren) with special needs
- Helping families build a network of professionals and natural supports
- Connecting families with existing resources in the community
- Engaging with families in a way that teaches them how to obtain needed resources to assist their children with their behavioral and/or emotional problems
- Advocating for a child’s educational needs and teaching the family how to partner with the child’s school
- Helping families develop safety plans
- Helping families understand psychotropic medication, psychological diagnoses and how the mental health system operates
- Teaching families the parenting skills needed to improve a child’s behavior problems
- Developing emotional regulation skills for the parent(s) and child
- Developing crisis plans and coaching the family on how to use them with their formal and informal supports

We utilize elements of the following evidence-based practices in order to accomplish our activities and services:

Wraparound and Triple P (Positive Parenting Program). Each of these practices is described in detail in the Approach and Design section above.

The goals to attain based on the services provided include: prevention of out-of-home child placement and Child Protective Services (CPS) referrals; improvement of: parental capabilities, family interactions, child well-being, and health; establishment of a support network.

Major Milestones/Schedule

Our service delivery is designed around the residents' schedule and preferences, maximizing engagement and working around school hours to accommodate children. The Ashley Cascade program works not only to address mental health and wellbeing but to also focus on the stressors that impact mental and behavioral health. Due to the complex needs of the families, the program at Ashley Cascade will run throughout the year, offering varying levels of support tailored to the residents. This differs from our typical ten-week course as we look to establish trust with families and demonstrate our commitment to the long-term well-being of the Ashley Cascade community. Some families will attend sessions and access Hillside's program only when they are in crisis, some might attend weekly and build their skills over a period of time making it part of their support system, and others may attend until they feel that sessions have helped them be self-sufficient and are able to solve problems independently. For low income families, a one-off event such as an unexpected bill or ill health can impact their child being at school, having enough food or being able to work, therefore, progress in this program is not linear and requires a consistent presence over a period of time. Many families have experienced intermittent services that have disappeared when the funding landscape changed and it is important that we deliver on the resources we have offered. As families gain skills and develop their own network of support they might attend sessions less frequently or even find themselves in a position where they leave the apartments. This means that throughout the year we will see a turnover in the families that attend. The content of the sessions is structured around a specific topic each week. Milestones for families receiving this service will include completing elements of the Triple P training module and demonstrating their learnings through improvements in family functioning.

The schedule for reporting milestones and achievement is primarily based upon surveys taken at the beginning and end of the family's attendance of sessions. However, we are working with a population that has had negative experiences in the past and it might take several weeks for them to feel comfortable in confiding some of the challenges they are facing or complete any paperwork. With this in mind, our staff make their own records of who attends sessions and what their needs appear to be, so that we have some information prior to being able to officially monitor progress through surveys and NCFAS scores.

Data Collection Tools

One of the ways in which we gather data to report on program outcomes is through intake and exit surveys completed via the North Carolina Family Assessment Scale (NCFAS). The NCFAS is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, Child Well-Being, Social/Community Life, Self-Sufficiency, and Family Health. Each of the NCFAS scales provides an organizing framework for social workers and other family practitioners to conduct a comprehensive family assessment intended to inform the construction of a service plan and subsequently document changes in family functioning that represent outcomes of the plan. Conducting assessments throughout services allows us to track progress over time.

The NCFAS is a standardized assessment tool used by family preservation programs across the country. We have included as a supporting document a copy of the NCFAS along with scale definitions across all of its domains.

Another way in which we collect goal-related data is through a shorter survey which mimics some of the key areas within NCFAS. This acts as an informal version of case management. With families often unwilling to divulge a lot of personal data at one time, the survey might identify one basic need, allowing us to support or make a referral that can improve the family situation. For example, a family may be struggling with a child's behavioral challenges. In a more formal case management, we would implement a treatment plan and set goals around reducing some of the challenging behaviors. However, for families at Ashley Cascade who might feel threatened or overwhelmed by the rigors of case management, we can introduce elements of the Triple P training for the parent and help them to communicate more effectively with their child and advocate for the child's needs. This becomes a form of goal setting that we would usually see within a treatment plan. Our staff members will receive updates on progress for the family through the weekly sessions and once trust in the process has been established further goals can be set, perhaps in a more formal way.

Additionally, we encourage each family to complete satisfaction surveys based on their experience with services. We review satisfaction survey responses on a monthly basis and adjust policy, procedure and service delivery as needed, based on the direct feedback we receive from clients.

Children & Youth Services County defined performance measures:

We will be reporting on the following Children & Youth County-defined performance measures:

1. **Number of school-aged youth benefiting from Afterschool/ Out of School Programs to help bring up academic and social/behavioral levels.** We are able to measure this through the number of youths attending sessions run by our team at the apartments and through the connections to both formal and informal community supports (such as after-school activities, tutoring, clubs, friends, neighbors, teachers, etc.), as measured throughout services. As part of our service delivery, we work with the family to ensure they are connected with necessary supports in the community to allow for sustained academic and behavioral gains. Community supports are vitally important for families with children who have mental health and behavioral challenges. Families of children with behavioral challenges are often lacking in supports as they tend to isolate themselves out of a sense of fear and shame.
2. **Number of youth/teens receiving referrals to behavioral health and other supportive services.**

Hillside's team on site at the Ashley Cascade Apartments includes a licensed professional who is qualified to diagnose mental health conditions and provide appropriate services and referrals. We

are able to track the number of referrals made and services provided through records kept by the clinician and other team members connecting families to support services. For families facing barriers to accessing mental and behavioral healthcare services, our team can help them apply for Medicaid and can track these applications along with referrals.

3. **Number of youth involved with or at risk for involvement with the Juvenile Justice System who demonstrate decreased or no delinquent behaviors (i.e. truancy, in school suspension, out of school suspension, etc.)** Hillside will report on this metric through monitoring the number of youths demonstrating decreased or no delinquent behaviors throughout the program. Behaviors that need to be addressed due to involvement or risk of involvement with the Juvenile Justice System are identified during weekly sessions. We work with the family to tackle the root cause of challenging behavior and focus on skills that will effect behavioral change. Our surveys and NCFAS scores track any challenges and reduction in delinquent behaviors.
4. **Number of boys and young men of color benefitting from My Brother's Keeper Programs and services that addresses persistent opportunity gaps (defined by six National Milestones of My Brother's Keeper (MBK) Alliance.)** We are able to measure against this performance through reporting the number of boys and young men of color that we serve and refer to services that help address root causes of violent behavior. Families will be supported in accessing services that support boys and young men of color, in line with the MBK Alliance's goal of "Reducing Violence And Providing A Second Chance" (<https://www.obama.org/mbka2/our-work/second-chances/>), Hillside will utilize its relationships with local agencies to refer clients to re-entry programs, educational support services, job training, as well as mental health and substance abuse counseling.

Agency Defined Performance Measure(s):

Agency Defined Performance Measures

We will report on the following agency-defined performance measures:

1. Parental Capabilities
2. Family Interactions
3. Safety in the Community

4. Development & Enrichment Opportunities

Data for the agency defined performance measures will be obtained through the administration of the NCFAS assessment at intake and exit from services. Our prior year data shows double-digit improvements from intake to closure on both measures.

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 **2024 Consolidated Community Services Program 24RFP013124C-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 12, 2024, and January 10, 2025)**) 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 CCSP funding may result in reimbursement of CCSP 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 CCSP 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 CCSP 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 **\$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 **2024 Consolidated Community Services Program 24RFP013124C-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 12, 2024 for the period January 1, 2024-June 30, 2024; and January 10, 2025 for the period July 1, 2024-December 31, 2024.**

(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:

**Hillside, Inc.
690 Courtenay Drive, NE
Atlanta, Georgia 30306**

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 **01/01/2024**, and shall terminate on **12/31/2024**, 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 **Hillside, 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.

#24RFP013124C-MH

2024 Consolidated Community Services Program

Purchasing Forms & Instructions

STATE OF GEORGIA**COUNTY OF FULTON****FORM F: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor 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 services¹ under a contract with **[insert name of prime contractor (Agency)]** Hillside, Inc on behalf of **Fulton County Government** has registered with and is participating in a federal work authorization program*,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with **Fulton County Government**, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the **Fulton County Government** at the time the subcontractor(s) is retained to perform such service.

1139082

EEV/Basic Pilot Program* User Identification Number

Hillside, Inc

Name of Contractor (Agency)

BY: Authorized Signature of Officer or Agent of Contractor

President & CEO

Title of Authorized Officer or Agent of Contractor of Contractor

Emily Acker

Printed Name of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public: _____

County: **DeKalb**Commission Expires: **10/5/2025**

¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²*[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].

#23RFP010923C-MH
2023 Community Services Program

N/A

Purchasing Forms & Instructions

STATE OF GEORGIA

COUNTY OF FULTON

FORM G: GEORGIA SECURITY AND IMMIGRATION 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 services¹ under a contract with **[insert name of prime contractor]** Hillside behalf of Fulton **County Government** has registered with and is participating in a federal work authorization program²,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV/Basic Pilot Program* User Identification Number

BY: (Insert Subcontractor Agent)

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public: _____

County: _____

Commission Expires: _____

¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that “physical performance of services” means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²*[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].



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sterling Seacrest Pritchard, Inc. 2500 Cumberland Pkwy, Suite 400 Atlanta GA 30339	CONTACT NAME: Zack Marsh PHONE (A/C. No. Ext): 404-949-1109 E-MAIL ADDRESS: zmarsh@sspins.com FAX (A/C. No.):														
INSURED Hillside, Inc. 690 Courtenay Dr. NE Atlanta GA 30306	<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>INSURER A: Beazley Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: CINCINNATI INSURANCE COMPANY</td> <td>10677</td> </tr> <tr> <td>INSURER C: Lloyds of London</td> <td>32727</td> </tr> <tr> <td>INSURER D: Philadelphia Indemnity</td> <td>18058</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Beazley Insurance Company		INSURER B: CINCINNATI INSURANCE COMPANY	10677	INSURER C: Lloyds of London	32727	INSURER D: Philadelphia Indemnity	18058	INSURER E:		INSURER F:	
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INSURER D: Philadelphia Indemnity	18058														
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1744997034**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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		W27C38240601	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Abuse & Molest. Agg. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0088080	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UA23UX174M2X-02	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	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 \$
A D B	Professional Liability Directors & Officers Liability Excess Auto Liability			W27C38240601 PHSD1808815-002 ENP 0088080	7/1/2024 7/1/2024 7/1/2024	7/1/2025 7/1/2025 7/1/2025	Per Claim / Aggregate \$1M / \$3M Per Claim / Aggregate 5,000,000 Per Claim / Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is included as an additional insured on the General Liability policy as per attached form E02293.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 141 Pryor St SW
 Atlanta GA 30303-3408

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 1050 Crown Point Parkway Suite 600 Atlanta GA 30338	CONTACT NAME: Michelle Cole PHONE (A/C. No. Ext): 770-818-1513 E-MAIL ADDRESS: michelle_cole@ajg.com FAX (A/C. No): 770-850-0988														
INSURED Hillside Inc. 4 Exec Pk East NE Ste. 200 Atlanta, GA 30329	<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>INSURER A : Georgia Hospital Association Workers Compensation</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Georgia Hospital Association Workers Compensation		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 968459375**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	WC09424	1/1/2024	1/1/2025	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,450,000 E.L. DISEASE - EA EMPLOYEE \$ 1,450,000 E.L. DISEASE - POLICY LIMIT \$ 1,450,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance Hillside, Inc.

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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 **Hillside, Inc.**

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

DocuSigned by: Name of Signatory: Emily Acker
Emily Acker
File of Signatory: CEO
758A11D0ACAF48C...
Authorized Signature

ATTEST:

ATTEST:

DocuSigned by:
Tonya R. Grier
FEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Signed by: Name of 2nd Signatory: **Sandy Duhaney**
Sandy Duhaney
File of Signatory: **Human Resources Manager**
F9ACD8E7EB7C493...
Second Authorized Signature

(Affix County Seal)



(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

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

APPROVED AS TO CONTENT:

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

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

ITEM#: _____ RM: _____	ITEM#: 2024-0350 2ND RM: 5/15/2024
REGULAR MEETING	SECOND REGULAR MEETING

Certificate Of Completion

Envelope Id: DCFFBC9503084B50BECF421E4BBA4305

Status: Completed

Subject: Please DocuSign: 2024 CCSP Contract-Hillside, Inc.-BOC Agenda#24-0350

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 30

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: 136.55.230.223

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

7/31/2024 10:40:53 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

Signer Events**Signature****Timestamp**

Emily Acker

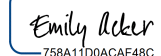
eacker@hside.org

President & CEO

Hillside, Inc.

Security Level: Email, Account Authentication
(None)

DocuSigned by:


758A11D0ACAF48C...

Sent: 7/31/2024 10:46:40 PM

Viewed: 8/1/2024 9:35:45 AM

Signed: 8/5/2024 3:07:36 PM

Signature Adoption: Pre-selected Style

Using IP Address: 50.226.107.161

Electronic Record and Signature Disclosure:

Accepted: 4/11/2020 10:11:23 AM

ID: c828420b-ff82-4d6b-bca1-c74f36ebaa96

Sandy Duhaney

sduhaney@hside.org

Security Level: Email, Account Authentication
(None)

Signed by:


F9ACD8E7EB7C493...

Sent: 8/5/2024 3:07:40 PM

Resent: 8/8/2024 4:24:27 PM

Viewed: 8/8/2024 10:26:50 PM

Signed: 8/8/2024 10:28:06 PM

Signature Adoption: Pre-selected Style

Using IP Address: 99.102.209.148

Electronic Record and Signature Disclosure:

Accepted: 8/5/2024 3:57:52 PM

ID: 82c71bb2-055c-4b78-97d1-badd76157821

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: 8/8/2024 10:28:09 PM

Viewed: 8/9/2024 10:24:52 AM

Signed: 8/9/2024 10:25:01 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Stanley Wilson

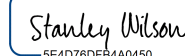
Stanley.Wilson@fultoncountyga.gov

Director

Stanley Wilson

Security Level: Email, Account Authentication
(None)

DocuSigned by:


5E4D78DFB4A0450...

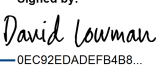



Sent: 8/9/2024 10:25:05 AM

Viewed: 8/9/2024 10:40:47 AM

Signed: 8/9/2024 10:40:55 AM

Signature Adoption: Pre-selected Style

Using IP Address: 76.209.103.30

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 8/9/2024 10:40:58 AM Resent: 8/13/2024 12:55:05 PM Viewed: 8/14/2024 9:48:02 AM Signed: 8/14/2024 10:35:42 AM
Electronic Record and Signature Disclosure: Accepted: 8/14/2024 10:33:04 AM ID: 4411a676-f0e3-455d-a5e7-8ae32ae0bd50		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div> <div>Signed by:</div> <div>  <div>0EC92EDADEFB4B8...</div> </div> </div> <div> Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4 </div>	Sent: 8/14/2024 10:35:44 AM Viewed: 8/14/2024 10:37:12 AM Signed: 8/14/2024 10:38:14 AM
Electronic Record and Signature Disclosure: Accepted: 8/14/2024 10:37:11 AM ID: f70f90f7-a285-47c7-beef-4f3d723faef6		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 68.208.197.4	Sent: 8/14/2024 10:38:18 AM Viewed: 8/14/2024 2:39:07 PM Signed: 8/14/2024 2:40:14 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 Security Level: Email, Account Authentication (None)	<div> <div>DocuSigned by:</div> <div>  <div>BA715B1A26544E7...</div> </div> </div> <div> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4 </div>	Sent: 8/14/2024 2:40:17 PM Viewed: 8/14/2024 2:41:28 PM Signed: 8/14/2024 2:41:31 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	<div> <div>DocuSigned by:</div> <div>  <div>EEC476C4837648D...</div> </div> </div> <div>  <div> Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10 </div> </div>	Sent: 8/14/2024 2:41:34 PM Viewed: 8/14/2024 2:54:15 PM Signed: 8/14/2024 2:54:25 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

Signer Events	Signature	Timestamp
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: 8/14/2024 2:54:29 PM Viewed: 8/14/2024 4:16:49 PM Signed: 8/14/2024 4:16:53 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) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/31/2024 10:46:39 PM
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: 7/31/2024 10:46:39 PM
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: 7/31/2024 10:46:40 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 8/14/2024 4:16:56 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/31/2024 10:46:39 PM
Certified Delivered	Security Checked	8/14/2024 4:16:49 PM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	8/14/2024 4:16:53 PM
Completed	Security Checked	8/14/2024 4:16:57 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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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