Contract Agreement

This Agreement to provide temporary staffing services for the Department of Registration and Elections is made and entered into by and between **FULTON COUNTY, GEORGIA**, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner" and **DOVER STAFFING, INC.,** hereinafter referred to as **"Agency"** authorized to transact business in the State of Georgia.

Contract Documents

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

I. Form of this Contract Agreement
II. Terms and Conditions of State of Georgia, Department of Administrative Services Contract, 99999-SPD0000136, Temporary Staffing Services
III. Exhibit A: Scope of Services
IV. Exhibit B: Compensation
V. Exhibit C: Certificate of Insurance
VI. Exhibit D: Georgia Security and Immigration Contractor Affidavit
VII. Exhibit E: Service Level Agreement
VIII. Exhibit F: Fulton County 2024 Pay and Holiday Calendar

This Agreement was approved by the Fulton County Board of Commissioners on July 10, 2024, BOC Item 24-2024.

Contract Term

The contract will commence as of July 10, 2024 through December 31, 2024 for the General Election and General Run-off Elections until all activities for closing-out the referenced elections have been completed or until authorized spending authority has been exhausted.

Compensation

Compensation for work performed by Agency on Project shall be in accordance with the payment provisions and compensation schedule, attached as Exhibit B, Compensation.

The total contract amount for the Project shall not exceed $5,308,142.40, (Five Million Three Hundred Eight Thousand One Hundred Forty Two Dollars and Forty Cents), which is full payment for a complete scope of work.

Modifications

If during the course of performing the Project, County and Consultant agree that due the nature of the services being provided, it is understood that the County will need flexibility in order to meet the needs of the User Department and when it is necessary to make changes to the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of a Contract Modification. Any modification(s) to this Agreement must be documented in writing in the form of a Purchase Order Modification or an Amendment to this Agreement.

The PO Modification form must be approved and signed by the Department Head or his/her designee and submitted in AMS to the Department of Purchasing & Contract Compliance. The Department of Purchasing & Contract Compliance will issue a Purchase Order Modification documenting the modification to the Agreement to the Vendor and the User Department.

The Amendment and/or supplemental agreement shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

Indemnification

Agency shall, to the fullest extent permit by law, indemnify the County and protect defend, indemnity and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole, or part form any actual or alleged act or omission of the Contractor, subcontractor, anyone directly or indirectly employed by any firm or subcontractor; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

b) Violation of any law, statue, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Contractor in the performance of Contract services; or

c) Liens, claims or actions made by the Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Contractor, or its subcontractor(s), as approved by the County, under workers' compensation acts, disability benefits

acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

Insurance

Agency agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the Georgia Department of Administrative Services Statewide Contract Number 99999-SPD-0000136. Agency agrees to maintain insurance coverage during the entire term of this Agreement and until all work has been completed to the satisfaction of the County. The cancellation 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. Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit C.

Personnel

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

Reporting Responsibilities

Agency will report directly to the Director of the Department of Registration and Elections, or designated representative.

Notices

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

By Agency to:	Director Department of Registration and Elections 141 Pryor Street, Suite Atlanta, Georgia 30303 Attn: Nadine Williams Email: Nadine.williams@fultoncountyga.gov
With a copy to:	Chief Purchasing Agent Department of Purchasing & Contract Compliance 130 Peachtree Street, S.W., Suite 1168 Atlanta, Georgia 30303 Attn: Felicia Strong-Whitaker Email: felicia.strong-whitaker@fultoncountyga.gov
And by the County to:	Chief Executive Officer 2451 Cumberland Pkwy SE Suite 3418 Atlanta, GA 30339 Attn: Sanquinetta Dover Email: sdover@doverstaffing.com

Cooperation with other Consultants

Consultant will undertake the Project in cooperation with and in coordination with other studies, projects or related work performed for, with or by County's employees, appointed committee(s) or other Consultants. Consultant shall fully cooperate with such other related Consultants and County employees or appointed committees. Consultant shall provide within his schedule of work, time and effort to coordinate with other Consultants under contract with County. Consultant shall not commit or permit any act, which will interfere with the performance of work by any other consultant or by County employees. Consultant shall not be liable or responsible for the delays of third parties

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

OWNER:

FULTON COUNTY, GEORGIA

DocuSigned by:
Robert L. Pitts
14E1D4AA5F6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:
Tonya Grier
EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

DocuSigned by:

APPROVED AS TO FORM:

DocuSigned by:
David Lowman
0EC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Nadine Williams
AEB08E4890C64D2...

Nadine Williams, Director
Department of Registration and Elections

AGENCY:

DOVER STAFFING, INC.

DocuSigned by:
Sanquinetta Dover
018F7BF42E9B41C...

Sanquinetta Dover
Chief Executive Officer

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:
Ruby Barnett
279167C0B49C4D3...

Notary Public

County: Fulton

Commission Expires: 1/31/2025

DocuSigned by:

(Affix Notary Seal)

ITEM#: _____ **RCS:** _____ **RECESS MEETING**	**ITEM#:** 24-0472 **RM:** 7/10/2024 1st Regular Meeting **REGULAR MEETING**

EXHIBIT A

SCOPE OF SERVICES

Scope of Services

The Agency shall provide temporary staffing services for the Department of Registration and Elections to include the General Election and the General Run-off Elections.

A. Agency shall provide the temporary staffing positions detailed in the Position and Rate Schedule in Exhibit B.

B. Normal Hours of Work

Normal business hours are 8:30 AM to 5:00 PM, Monday through Friday. Completed. Exceptions to these hours (including holidays, Saturdays and Sundays) must have prior written approval of the County.

C. Observed Holidays

The County observes the following holidays (see Exhibit F):

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
Memorial Day	Thanksgiving
Juneteenth Day	Christmas
Independence Day	New Year's Eve

D. Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit F).

E. Automated Time and Attendance System

The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.

F. Dashboard

Agency shall provide the County with access to the Dashboard in order to track recruitment and on-boarding efforts.

G. Reporting Responsibility

The Agency will report directly to the Director of the Department of Registration and Elections or designated representative.

H. Work Locations

Temporary Staff positions identified will report to the following work locations as directed by the County:

Early Voting sites located throughout Fulton County as specified per individual election by Fulton County Department of Voter Registration and Elections.

I. Candidate names submitted by the Department of Registration and Elections to Agency for consideration for any open positions should be given priority for screening. A report regarding the disposition of the Candidates must be provided on a monthly basis to the Director of the Department of Registration and Elections.

EXHIBIT B

COMPENSATION

COMPENSATION

Services provided under Exhibit A shall be compensated on an hourly rate basis for a total not to exceed amount of $5,308,142.40, (Five Million Three Hundred Eight Thousand One Hundred Forty Two Dollars and Forty Cents). The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

INVOICING AND PAYMENT

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

Time of Payment: The County shall make payments to Consultant within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

Submittal of Invoices: Invoices shall be submitted as follows:

Via Mail:

Fulton County Government 141 Pryor Street, SW Suite 7001
Atlanta, Georgia 30303
Attn: Finance Department – Accounts Payable

OR

Via Email:

Email: Accounts.Payable@fultoncountyga.gov

At minimum, original invoices must reference all of the following information:

1) Vendor Information
    a. Vendor Name
    b. Vendor Address
    c. Vendor Code
    d. Vendor Contact Information
    e. Remittance Address

2) Invoice Details
    a. Invoice Date
    b. Invoice Number (uniquely numbered, no duplicates)
    c. Purchase Order Reference Number
    d. Date(s) of Services Performed
    e. Itemization of Services Provided/Commodity Units

3) Fulton County Department Information (needed for invoice approval)
    a. Department Name
    b. Department Representative Name

Consultant's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

2024 TEMP STAFF - AUG TO DEC ONLY

Fulton County Department of Registration & Elections

DoverStaffing

NOTE> Temp Agency to Please input bill rates and file will calculate the BILLED costs as formulas are built already.

GENERAL ELECTION - NOV 5, 2024 - UNIT 2653

TEMP STAFF WORK DATES: August to NOV 2024

1160 SALARIES - TEMPORARY	#	PAY RATE	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	*FORMULA* BILLED AMOUNTS	Temp Work Dates
Election Coordinators & Assistants - TEMP								
Regional Election Coordinator 1	3	18.50	$ 25.53	$ 38.30	640	100	$ 60,507.60	8/12-11/30
Regional Election Coordinator 2	7	21.00	$ 28.98	$ 43.47	640	100	$ 160,259.40	8/12-11/30
Regional Election Coordinator 2- Lead	1	24.00	$ 33.12	$ 49.68	640	100	$ 26,164.80	8/12-11/30
Instructors	8	30.60	$ 42.23	$ 63.34	200	40	$ 87,836.80	
Class Assistants	8	16.00	$ 22.08	$ 33.12	200	40	$ 45,926.40	
Executive Assistant	1	20.00	$ 27.60	$ 41.40	600	40	$ 18,216.00	8/19-11/30
Executive Assistant	1	20.00	$ 27.60	$ 41.40	360	40	$ 11,592.00	10/1-11/30
VOTER EDUCATION / ADMIN - TEMP								
Executive Assistant	1	20.00	$ 27.60	$ 41.40	480	40	$ 14,904.00	9/04-11/30
Voter Education Officers	5	21.00	$ 28.98	$ 43.47	656	96	$ 115,920.00	8/12-11/30
Community Engagement Mobile Outreach Vehicle								
Drivers	4	26.00			288	80	$ -	8/12-11/30
SUPPLIES & LOGISTICS - TEMP								
Executive Assistant	1	20.00	$ 27.60	$ 41.40	480	100	$ 17,388.00	9/4-11/30
Courier - Fleet Coordinator	5	21.60			480	96	$ -	9/4-11/30
Couriers	2	19.00			480	96	$ -	9/4-11/30
Couriers	33	19.00			360	96	$ -	10/01-11/30
Couriers	30	19.00			320	96	$ -	10/10-11/30
AB Drop Box / Supply Couriers	8	17.00			320	32	$ -	10/1-11/30
Reconciliation	8	17.00	$ 23.46	$ 35.19	200	20	$ 43,166.40	10/28-11/30
Reconciliation	8	17.00	$ 23.46	$ 35.19	160	20	$ 35,659.20	11/4-11/30
Information Technology- TEMPS								
Executive Assistant	1	20.00	$ 27.60	$ 41.40	696	120	$ 24,177.60	8/1-11/30
Systems Specialist - Lead	3	23.00	$ 31.74	$ 47.61	160	20	$ 18,091.80	
Systems Specialist	30	22.00	$ 30.36	$ 45.54	160	20	$ 173,052.00	
Field Technicians	36	22.00	$ 30.36	$ 45.54	160	132	$ 391,279.68	
REGISTRATION - TEMP								
Executive Assistant	1	20.00	$ 27.60	$ 41.40	440	80	$ 15,456.00	9/16-11/30
Call Center	12	17.00	$ 23.46	$ 35.19	440	80	$ 157,651.20	9/16-11/30
Data Entry Clerk	10	18.00	$ 24.84	$ 37.26	600	80	$ 178,848.00	8/19-11/30
Front Office Specialists	5	18.00	$ 24.84	$ 37.26	656	80	$ 96,379.20	8/12-11/30
Quality Control	5	18.00	$ 24.84	$ 37.26	440	80	$ 69,552.00	9/16-11/30
Courier- Mail Room	2	19.00	$ 26.22	$ 39.33	600	80	$ 37,756.80	8/19-11/30
ABSENTEE - TEMP								
Absentee Specialists	20	19.00	$ 26.22	$ 39.33	680	80	$ 419,520.00	8/5-11/30
Executive Assistant	1	20.00	$ 27.60	$ 41.40	600	80	$ 19,872.00	8/19-11/30
Courier - Fleet Coordinator Mail Room	2	21.60			600	80	$ -	8/19-11/30
Courier- Mail Room	2	19.00			600	80	$ -	8/19-11/30
ADVANCE VOTING LOCATIONS - TEMP			Adv Voting Hrs: Mon- FRI 7am-7pm/ SAT 9am-5pm/ Sunday 12 pm-5 pm					
Advance Voting Trainers	6	25.00	$ 34.50	$ 51.75	440	100	$ 122,130.00	
Compliance Officer	6	20.00	$ 27.60	$ 41.40	160	124	$ 57,297.60	
Executive Assistant	1	20.00	$ 27.60	$ 41.40	600	80	$ 19,872.00	8/19-11/30
Regional Election Coordinator 2	4	21.00	$ 28.98	$ 43.47	656	100	$ 93,431.52	8/5-11/30
Regional Election Coordinator 2- Lead	1	24.00	$ 33.12	$ 49.68	656	100	$ 26,694.72	8/5-11/30
Advance Voting - Manager	36	23.00	$ 31.74	$ 47.61	200	124	$ 441,059.04	
Advance Voting - Asst. Mgr	72	20.00	$ 27.60	$ 41.40	200	124	$ 767,059.20	
Advance Voting - Processing Clerk	252	17.00	$ 23.46	$ 35.19	144	124	$ 1,950,933.60	
AV Line Monitor	36	17.00	$ 23.46	$ 35.19	144	124	$ 278,704.80	
Advance Voting- Outreach Mgrs	2	23.00	$ 31.74	$ 47.61	32	0	$ 2,031.36	
Advance Voting- Outreach Asst. Mgrs	8	20.00	$ 27.60	$ 41.40	32	0	$ 7,065.60	
Advance Voting- Outreach Clerks	16	17.00	$ 23.46	$ 35.19	32	0	$ 12,011.52	
Reserves - AV Manager/Asst Mgr - Training	50	23.00	$ 31.74	$ 47.61	8		$ 12,696.00	
Reserves - AV Clerk - Training	50	17.00	$ 23.46	$ 35.19	8		$ 9,384.00	
TOTAL TEMP LABOR COSTS	**804**						**$ 6,039,547.84**	

NOTE> Temp Agency to Please input bill rates and file will calculate the BILLED costs as formulas are built already.

GENERAL RUN-OFF DEC 3, 2024 - UNIT 2658

TEMP STAFF WORK DATES: December 2024

1160 SALARIES - TEMPORARY	#	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	FORMULA BILLED AMOUNTS
Election Coordinators & Assistants - TEMP						
Regional Election Coordinator 1	3	$ 25.53	$ 38.30	160	25	$ 15,126.90
Regional Election Coordinator 2	7	$ 28.98	$ 43.47	160	25	$ 40,064.85
Regional Election Coordinator 2- Lead	1	$ 33.12	$ 49.68	160	25	$ 6,541.20
Instructors	2	$ 42.23	$ 63.34	16	0	$ 1,351.36
Class Assistants	2	$ 22.08	$ 33.12	16	0	$ 706.56
Executive Assistant	2	$ 27.60	$ 41.40	120	25	$ 8,694.00
VOTER EDUCATION / ADMIN - TEMP						
Executive Assistant	1	$ 27.60	$ 41.40	160	10	$ 4,830.00
Voter Education Officers	5	$ 28.98	$ 43.47	160	32	$ 30,139.20
Community Engagement Mobile Outreach Vehicle						
Drivers	4			64	32	$ -
SUPPLIES & LOGISTICS - TEMP						
Executive Assistant	1	$ 27.60	$ 41.40	160	40	$ 6,072.00
Courier - Fleet Coordinator	5			160	40	$ -
Couriers	35			120	40	$ -
Couriers	30			120	40	$ -
AB Drop Box / Supply Couriers	8			120	16	$ -
Reconciliation	16	$ 23.46	$ 35.19	120	16	$ 54,051.84
Information Technology- TEMPS						
Executive Assistant	1	$ 27.60	$ 41.40	160	40	$ 6,072.00
Systems Specialist-Lead						
Systems Specialist						
Field Technicians	36	$ 30.36	$ 45.54	80	48	$ 166,129.92
REGISTRATION - TEMP						
Executive Assistant	1	$ 27.60	$ 41.40	120	40	$ 4,968.00
Call Center	12	$ 23.46	$ 35.19	120	40	$ 50,673.60
Data Entry Clerk	10	$ 24.84	$ 37.26	120	40	$ 44,712.00
Front Office Specialists	5	$ 24.84	$ 37.26	160	40	$ 27,324.00
Quality Control	5	$ 24.84	$ 37.26	120	40	$ 22,356.00
Courier- Mail Room	2	$ 26.22	$ 39.33	160	40	$ 11,536.80
ABSENTEE - TEMP						
Absentee Specialists	20	$ 26.22	$ 39.33	160	40	$ 115,368.00
Executive Assistant	1	$ 27.60	$ 41.40	160	40	$ 6,072.00
Courier - Fleet Coordinator Mail Room	2			160	40	$ -
Courier- Mail Room	2			160	40	$ -
ADVANCE VOTING LOCATIONS - TEM	Adv Voting Hrs: Mon- FRI 7am-7pm/ SAT 9am-5pm/ Sunday 12 pm-5 pm					
Advance Voting Trainer	6	$ 34.50	$ 51.75	56	20	$ 17,802.00
Compliance Officer	6	$ 27.60	$ 41.40	128	50	$ 33,616.80
Executive Assistant	1	$ 27.60	$ 41.40	160	50	$ 6,486.00
Regional Election Coordinator 2	4	$ 28.98	$ 43.47	160	80	$ 32,457.60
Regional Election Coordinator 2- Lead	1	$ 33.12	$ 49.68	160	80	$ 9,273.60
Advance Voting - Manager	36	$ 31.74	$ 47.61	80	50	$ 177,109.20
Advance Voting - Asst. Mgr	72	$ 27.60	$ 41.40	80	50	$ 308,016.00
Advance Voting - Processing Clerk	252	$ 23.46	$ 35.19	56	50	$ 774,461.52
AV Line Monitor	36	$ 23.46	$ 35.19	56	50	$ 110,637.36
Advance Voting- Outreach Mgrs	2	$ 31.74	$ 47.61	24	0	$ 1,523.52
Advance Voting- Outreach Asst. Mgrs	8	$ 27.60	$ 41.40	24	0	$ 5,299.20
Advance Voting- Outreach Clerks	16	$ 23.46	$ 35.19	24	0	$ 9,008.64
Reserves - AV Manager/Asst Mgr - Training	50	$ 31.74	$ 47.61	8		$ 12,696.00
Reserves - AV Clerk - Training	50	$ 23.46	$ 35.19	8		$ 9,384.00
TOTAL TEMP LABOR COSTS	**759**					**$ 2,130,561.67**

EXHIBIT C

CERTIFICATE OF INSURANCE

EXHIBIT D

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

a) **The Contractor has registered with, is authorized to use and uses the federal work authorization** program commonly known as E-Verify, or any subsequent replacement program;

b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;

c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;

d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;

e) The Contractor will contract for the 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(a), (b), and (c);

f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and

g) **Contractor acknowledges its responsibility to** submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

69364
Federal Work Authorization User Identification Number

07/18/2007
Date of Authorization

DoverStaffing Inc.
Name of Contractor

Temporary Staffing Services
Name of Project

Georgia Department of Administrative Services (DOAS)
Name of Public Employer

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

Executed on April, 6, 2023 in Atlanta (city), Georgia (state).

Signature of Authorized Officer or Agent

Sanquinetta Dover, President & CEO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 6th DAY OF April, 2023.

Ruby M Barnett
NOTARY PUBLIC
My Commission Expires: 1/31/2025

RUBY M BARNETT
NOTARY PUBLIC
FULTON COUNTY
GEORGIA
EXPIRES
1/31/2025

EXHIBIT E

SERVICE LEVEL AGREEMENT

SERVICE LEVEL AGREEMENT

Scope of Work Requirement	Performance Goal	Reporting Requirement
Requisition to selection ratio Average time to submit at least three (3) and no more than five (5) qualified candidates.	Three (3) business days.	Quarterly
Selected candidates will be available to start and assignment in no more than two (2) weeks.	Pre-employment Screening will be completed within two (2) weeks of the selection.	Quarterly
Selected candidate will not be released within 1 week, due to misrepresentation of qualifications.	95% Satisfaction	Quarterly
Employee will provide no less than a two (2) week notice when ending an active assignment before the agreed upon end date.	95% Compliance	Quarterly
A replacement resource will be provided with a gap of no more than three (3) business days.	95% Compliance	Quarterly
Contract compliance with state and federal employment regulations, contractor performance, employment regulations, taxes and insurance.	100% Compliance	Annual audit report submitted to the DOAS Contract Administrator (unless otherwise requested)
Customer satisfaction results measuring effectiveness and responsiveness of Supplier to providing services within the scope of this contract.	No less than 90% Satisfaction	Quarterly
Supplier shall provide Contingent Workforce Labor to all current and potential sites within the Georgia for all job categories and must have strategies to meet employment demands rural and metro cities and counties. The quality of candidates must be consistent throughout the entire State.	No less than 90% Satisfaction	Quarterly
The supplier shall have a process to monitor for overcharges and to provide credits to the authorized user within no more than seven (7) business days.	100% Compliance	Quarterly

EXHIBIT F

FULTON COUNTY 2024 PAY AND HOLIDAY CALENDAR

FULTON COUNTY 2024 PAY AND HOLIDAY OBSERVANCES CALENDAR

PAY DAY | HOLIDAY | PAY PERIOD ENDING

FULTON COUNTY

JANUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

New Year's Day
Monday
January 1

MLK Jr. Day
Monday
January 15

President's Day
Monday
February 19

Memorial Day
Monday
May 27

Juneteenth
Wednesday
June 19

Independence Day
Thursday
July 4

Labor Day
Monday
September 2

Veterans Day
Monday
November 11

Thanksgiving
Thursday & Friday
November 28 &29

Christmas Eve & Day
Tuesday & Wednesday
December 24 & 25

New Year's Eve
Tuesday
December 31

THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

June 13, 2024

Fulton County Government -
Purchasing and Contract
Compliance Department
130 PEACHTREE ST SW STE 1168
ATLANTA GA 30303-3443

Account Information:

Policy Holder Details :	**Dover Staffing Inc.**

Contact Us

Need Help?

Chat online or call us at

(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/13/2024

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 be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
LIBERTY CO INS BROKERS LLC/PHS 20263648 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
Dover Staffing Inc. 2451 CUMBERLAND PKWY SE STE 3418 ATLANTA GA 30339-6136	INSURER A : Hartford Underwriters Insurance Company	30104
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			20 SBA AM2KD3	06/22/2024	06/22/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $10,000 Excluded $4,000,000 $4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]			20 SBA AM2KD3	06/22/2024	06/22/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $ 10,000			20 SBA AM2KD3	06/22/2024	06/22/2025	EACH OCCURRENCE AGGREGATE	$4,000,000 $4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N [ ] N/ A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			20 SBA AM2KD3	06/22/2024	06/22/2025	Each Claim Limit Annual Aggregate Limit	$1,000,000 $1,000,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER	CANCELLATION
Fulton County Government - Purchasing and Contract Compliance Department 130 PEACHTREE ST SW STE 1168 ATLANTA GA 30303-3443	**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** Susan L. Castaneda

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/13/2024

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 Nexus Partners Insurance 1475 S. Price Road, Chandler, AZ 85286	**CONTACT NAME:** Colleen DeWitt **PHONE (A/C, No, Ext):** (800) 409-8958 **FAX (A/C, No):** **E-MAIL ADDRESS:** certs@vensure.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : State National Insurance Company	12831
INSURED National Employer Services, LLC L/C/F Dover Staffing 1475 S. Price Road Chandler AZ 85286	**INSURER B :**	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 10057636 **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 ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ 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 ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		AMW-011-0001-008	10/01/2023	10/01/2024	☑ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Coverage provided for all leased employees but not subcontractors of: Dover Staffing.
Client Effective: 10/14/2019.

CERTIFICATE HOLDER

GA - Georgia

Fulton County Government
Purchasing and Contract Compliance Department
130 Peachtree Street, S.W. Suite 1168
Atlanta GA 30303

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jodie R. Kramer Cole

THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

July 22, 2024

Fulton County Government
141 PRYOR ST SW
ATLANTA GA 30303-3408

Account Information:

Policy Holder Details :	**DoverStaffing Inc.**

Contact Us

Need Help?

Chat online or call us at

(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/22/2024

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 be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
LIBERTY CO INS BROKERS LLC/PHS 20263648 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
DoverStaffing Inc. 2451 CUMBERLAND PKWY SE STE 3418 ATLANTA GA 30339-6136	INSURER A : Hartford Underwriters Insurance Company	30104
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	20 SBA AM2KD3	06/22/2024	06/22/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $10,000 Excluded $4,000,000 $4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS [ ]	X	X	20 SBA AM2KD3	06/22/2024	06/22/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$2,000,000
A	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $ 10,000	X	X	20 SBA AM2KD3	06/22/2024	06/22/2025	EACH OCCURRENCE AGGREGATE	$4,000,000 $4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N [ ] N/ A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			20 SBA AM2KD3	06/22/2024	06/22/2025	Each Claim Limit Annual Aggregate Limit	$1,000,000 $1,000,000

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

Those usual to the Insured's Operations.

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** Susan L. Castaneda

:NCY CUSTOMER ID: _____

LOC# : _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
LIBERTY CO INS BROKERS LLC/PHS	DOVERSTAFFING INC. 2451 CUMBERLAND PKWY SE STE 3418 ATLANTA GA 30339-6136
POLICY NUMBER SEE ACORD 25	
CARRIER SEE ACORD 25 / NAIC CODE	EFFECTIVE DATE: SEE ACORD 25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Certificate holder is additional insured per the Blanket Additional Insured By Contract Endorsement, Form SL 30 32 and Umbrella Endorsement SU 00 02 attached to this policy. Certificate holder is an additional insured per the the Hired Auto and Non Owned Auto Endorsement SL 30 27, attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SL 00 00, attached to this policy.

DocuSign

Certificate Of Completion

Envelope Id: DDADACA7A4544874957AA7D5666F43D7 Status: Completed

Subject: COOPERATIVE PURCHASING - STATEWIDE CONTRACT COVER AGREEMENT DOVER. General Elec 24 BOC# 24-0472

Parcel ID:

Source Envelope:

Document Pages: 26 Signatures: 6 Envelope Originator:

Certificate Pages: 6 Initials: 0 Mark Hawks

AutoNav: Enabled Stamps: 2 141 Pryor Street

EnvelopeId Stamping: Enabled Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada) Atlana, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 74.174.59.4

Record Tracking

Status: Original Holder: Mark Hawks Location: DocuSign

7/16/2024 2:27:56 PM mark.hawks@fultoncountyga.gov

Security Appliance Status: Connected Pool: StateLocal

Storage Appliance Status: Connected Pool: Fulton County Government Location: DocuSign

Signer Events	Signature	Timestamp
Sanquienetta Dover sdover@doverstaffing.com Security Level: Email, Account Authentication (None)	DocuSigned by: Sanquienetta Dover 018F7BF42E9B41C... Signature Adoption: Pre-selected Style Using IP Address: 71.235.39.181	Sent: 7/16/2024 2:33:04 PM Viewed: 7/17/2024 3:49:37 AM Signed: 7/17/2024 5:20:33 AM
Electronic Record and Signature Disclosure: Accepted: 7/17/2024 3:49:37 AM ID: 9b4af1c3-426b-4470-bc6c-8d842e18d2e1		
Ruby Barnett rbarnett@doversolutions.com Security Level: Email, Account Authentication (None)	DocuSigned by: Ruby Barnett 279167C0B49C4D3... Signature Adoption: Pre-selected Style Using IP Address: 12.13.104.26	Sent: 7/17/2024 5:20:34 AM Viewed: 7/17/2024 9:09:03 AM Signed: 7/17/2024 9:17:27 AM
Electronic Record and Signature Disclosure: Accepted: 7/17/2024 9:09:03 AM ID: 9857dc7e-d4f9-4f72-b953-52c91b3efa5c		
Mark Hawks mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Complliance Security Level: Email, Account Authentication (None)	**Completed** Using IP Address: 74.174.59.4	Sent: 7/17/2024 9:17:30 AM Viewed: 7/17/2024 12:02:19 PM Signed: 7/22/2024 1:53:16 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Nadine Williams nadine.williams@fultoncountyga.gov Registration & Elections Security Level: Email, Account Authentication (None)	DocuSigned by: Nadine Williams AEB08E4890C64D2... Signature Adoption: Pre-selected Style Using IP Address: 172.11.250.73	Sent: 7/22/2024 1:53:20 PM Viewed: 7/22/2024 1:56:48 PM Signed: 7/22/2024 1:57:09 PM
Electronic Record and Signature Disclosure: Accepted: 7/22/2024 1:56:48 PM ID: b7d52dde-c4a9-4ba9-994b-bf1731155507		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	DocuSigned by: David Lowman 0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 73.43.218.125	Sent: 7/22/2024 1:57:12 PM Viewed: 7/22/2024 2:20:03 PM Signed: 7/22/2024 2:22:14 PM
Electronic Record and Signature Disclosure: Accepted: 7/22/2024 2:20:03 PM ID: 11eae1fd-b599-4729-b163-c1607b4b4a34		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	**Completed** Using IP Address: 68.208.197.4	Sent: 7/22/2024 2:22:18 PM Viewed: 7/23/2024 8:32:31 AM Signed: 7/23/2024 8:34:47 AM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	DocuSigned by: Robert L. Pitts 14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/23/2024 8:34:51 AM Viewed: 7/23/2024 8:39:04 AM Signed: 7/23/2024 8:39:17 AM
Electronic Record and Signature Disclosure: Accepted: 7/23/2024 8:39:04 AM ID: 822c5b7c-363a-4faa-af78-2df538a8ba05		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by: Tonya Grier EEC476C4837648D...  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 7/23/2024 8:39:20 AM Viewed: 7/23/2024 9:40:01 AM Signed: 7/23/2024 9:40:13 AM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

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
Janell Barganier janell.barganier@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/23/2024 9:40:17 AM
janice dickenson janice.dickenson@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/23/2024 9:40:19 AM
Donna Jenkins Donna.Jenkins@fultoncountyga.gov Contract Administrator Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/23/2024 9:40:21 AM Viewed: 7/23/2024 10:01:31 AM
felicia Strong-Whitaker felicia.strong-whitaker@fultoncountyga.gov Chief Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/23/2024 9:40:23 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 7/23/2024 9:40:25 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/16/2024 2:33:04 PM
Envelope Updated	Security Checked	7/22/2024 1:52:24 PM
Certified Delivered	Security Checked	7/23/2024 9:40:01 AM
Signing Complete	Security Checked	7/23/2024 9:40:13 AM
Completed	Security Checked	7/23/2024 9:40:25 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

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

Getting paper copies

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

Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.
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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

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

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.
Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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