

CONTRACT DOCUMENTS FOR

SWC99999-SPD0000136-0003 2020 TEMPORARY STAFFING SERVICES

For

DEPARTMENT OF SENIOR SERVICES

Contract Agreement

This Agreement for Temporary Staffing Services for Department of Senior Services 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 Happy Faces Personnel Group, Inc., hereinafter referred to as "HAPPY FACES" or "Contractor."

Contract Documents

County and HAPPY FACES agree that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Terms and Conditions of Georgia Department of Administrative Services (Statewide Contract Number SWC99999-SPD0000136-0003)
- III. Attachment A, Scope of Services and Compensation
- IV. Attachment B, Service Level Agreement substituting Fulton County or ("County") for "State" or "DOAS".

This Agreement was approved by the Fulton County Board of Commissioners on November 20, 2019 BOC Item # 19-0965.

Indemnification

HAPPY FACES 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;
- 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

HAPPY FACES 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 SWC99999-SPD0000136-0003. HAPPY FACES agrees to maintain insurance coverage during the entire term of this Agreement. 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.

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 HAPPY FACES to: Director

Department of Senior Services

137 Peachtree Street Atlanta, Georgia 30303 Attn: Ladisa Onyiliogwu

Email: ladisa.onyiliogwu@fultoncountyga.gov

With a copy to: Director

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: Happy Faces Personnel Group, Inc.

4333 Lynburn Drive Tucker, GA 30084 Attn: Michael Hairston

Email: mhairston@happyfaces.net

Scope of Services

The Contractor shall provide temporary staffing services for Department of Senior Services. The scope of services shall be in accordance with the Service Level Agreement attached herein as Attachment B and as follows:

- A. Contractor shall provide the following positions to work 40 hours per week at the assigned location:
 - 1) Social Services Coordinator I

Contractor shall provide the following positions to work up to 29 hours per week at the assigned location:

- 1) Cashier
- 2) Fitness Instructor
- 3) Art Instructor
- 4) Aquatics Instructor
- 5) Computer Instructor
- 6) Senior Center Supervisor
- 7) Senior Center Assistant

The following positions will be provided on a temporary basis to fill short-term absences during recruitment, on an as needed basis.

- 1) Administrative Specialist
- 2) Administrative Clerk
- 3) Licensed Practical Nurse
- 4) Certified Nursing Assistant
- 5) Life Guard
- 6) Cook
- 7) Custodian
- B. Normal Hours of Work

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

C. Observed Holidays

The County observes the following holidays (see Exhibit 1):

Non-permanent employees are not eligible for holiday pay effective January 1, 2020.

New Year's Day
Martin Luther King, Jr
Columbus Day
President's Day
Wemorial Day
Independence Day (July 4th)
Labor Day
Columbus Day
Veteran's Day
Thanksgiving
Christmas

New Year's Eve

D. Pay Period

The Contractor's pay periods shall coincide with the County's pay periods (See Exhibit 1).

E. Automated Time and Attendance System

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

F. Reporting Responsibility

The Contractor will report directly to the Director of the Department of Senior Services or his/her designated representative.

G. Work Locations:

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

Dorothy C. Benson Senior Multipurpose Complex 6500 Vernon Woods Dr.

Sandy Springs, GA 30328

H.J.C. Bowden Senior Multipurpose Facility

2885 Church St. East Point, GA 30344

Harriett G. Darnell Senior Multipurpose Facility

677 Fairburn Rd., NW Atlanta, GA 30331 Helene S. Mills Senior Multipurpose Facility 515 John Wesley Dobbs Ave., SE Atlanta, GA 30312

Fulton County Senior Services Department 137 Peachtree Street, SW Atlanta, GA 30303

Bethlehem Neighborhood Senior Center at Birdine 215 Lakewood Way, SW Atlanta, GA 30315

COMPENSATION

Services provided under Attachment A shall be compensated on an hourly rate basis established by the Statewide Contract for a total not to exceed amount of \$481,160.00 (Four Hundred Eighty-One Thousand, One Hundred Sixty Dollars and Zero Cents) as shown below.

Hourly Rates are calculated as follows:

Admin Staff recruited by Happy Faces: Hourly Salary + 30% Admin Staff recruited by Fulton County: Hourly Salary + 26%

Professional Staff recruited by Happy Faces: Hourly Salary + 28% Professional Staff recruited by Fulton County: Hourly Salary + 25%

Healthcare Staff recruited by Happy Faces: Hourly Salary + 30% Healthcare Staff recruited by Fulton County: Hourly Salary + 25%

Light Industrial Staff recruited by Happy Faces: Hourly Salary + 31% Light Industrial Staff recruited by Fulton County: Hourly Salary + 27%

The following positions will be provided to work up to 29 hours per week at the assigned work location. **Note:** Social Services Coordinators work 40 hours a week.

Job Descriptions	Category	# of Positions	Employee Hourly Rates	HF Hourly Rates	HF Hourly Rates on Referred Staff
Social Services Coordinator I	Admin	4	\$22.00	\$28.60	\$27.72
Cashier	Admin	3	\$11.42	\$14.85	\$14.39
Fitness Instructor	Professional	1	\$17.63	\$22.57	\$22.04
Art Instructor	Professional	6	\$17.63	\$22.57	\$22.04
Aquatics Instructor	Professional	2	\$17.63	\$22.57	\$22.04
Computer Instructor	Professional	3	\$17.63	\$22.57	\$22.04
Senior Center Supervisor	Admin	1	\$19.10	\$24.83	\$24.07
Senior Center Assistant	Admin	1	\$11.42	\$14.85	\$14.39

The following positions will be provided on a temporary basis to fill short-term absences or during recruitment, on an as needed basis.

Job Descriptions	Category	# of Positions	Employee Hourly Rates	HF Hourly Rates	HF Hourly Rates on Referred Staff
Administrative Specialist	Admin	As Needed	\$16.15	\$21.00	\$20.35
Administrative Clerk	Admin	As Needed	\$13.71	\$17.82	\$17.27
Licensed Practical Nurse	Healthcare	As Needed	\$20.77	\$27.00	\$25.96
Certified Nurse Assistant	Healthcare	As Needed	\$15.53	\$20.19	\$19.41
Lifeguard	Professional	As Needed	\$13.41	\$17.16	\$16.76
Cook	Light Industrial	As Needed	\$12.18	\$15.96	\$15.47
Custodian	Light Industrial	As Needed	\$11.42	\$14.96	\$14.50

Non-permanent employees are not eligible for holiday pay effective January 1, 2020.

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 Department of Finance 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.

EXHIBIT 1 FULTON COUNTY PAY AND HOLIDAY SCHEDULE

FULTON COUNTY 2020 PAY AND HOLIDAY CALENDAR





February									
Sun	Mon	Tue	Wed		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	1					

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	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 Wednesday January 1

MLK Jr. Day Monday January 20

President's Day Monday February 17

Memorial Day Independence Day Monday May 25

Friday July 3

Labor Day Monday September 7

Columbus Day Monday October 12

Veterans Day Wednesday November 11

Thanksgiving Thursday & Friday Thursday & Friday November 26 & 27 December 24 & 25

Christmas

New Year's Eve Thursday December 31

EXHIBIT 2 CERTIFICATE OF INSURANCE

Please have the authorized representative of the insurance company issue a Certificate of Insurance and upload a copy of the Certificate of Insurance through DocuSign. Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia.

EXHIBIT 3

GEORGIA SECURITY AND IMMIGRATION AFFIDAVITS

STATE OF GEORGIA

COUNTY OF FULTON

FORM 1: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor ver 10-91, stating affirmatively that the individual, firm or physical performance of services ¹ under a contract with	corporation which is engaged in the
Government has registered with and is participating in a in accordance with the applicability provisions and deadling	federal work authorization program*,2
The undersigned further agrees that, should it employ or connection with the physical performance of services Government , contractor will secure from such subcompliance with O.C.G.A. 13-10-91 on the Subcontractor .08 or a substantially similar form. Contractor further compliance and provide a copy of each such verification the time the subcontractor(s) is retained to perform such secure and provide across the subcontractor of the subcontractor	to this contract with Fulton County ocontractor(s) similar verification of Affidavit provided in Rule 300-10-01-agrees to maintain records of such to the Fulton County Government at
EEV/Basic Pilot Program* User Identification Number	
BY: Authorized Officer of Agent (Insert Contractor Name)	
Title of Authorized Officer or Agent of Contractor	
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].

STATE OF GEORGIA

COUNTY OF FULTON

FORM 2: GEORGIA SECURITY AND IMMIGRATION SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor				
13-10-91, stating affirmatively that the individual, firm of physical performance of services ³ under a contract with				
	behalf	of	Fulton	County
Government has registered with and is participating in				
in accordance with the applicability provisions and deadli	nes estal	olished in (O.C.G.A. [^]	13-10-91.
	_			
EEV/Basic Pilot Program* User Identification Number				
BY: Authorized Officer of Agent	_			
(Insert Subcontractor Name)				
Title of Authorized Officer or Agent of Subcontractor	_			
This of Addition250 Childer of Algorit of Gaboonia dolor				
Printed Name of Authorized Officer or Agent	_			
Fillited Name of Authorized Officer of Agent				
Sworn to and subscribed before me this day of _			_, 20	
Notary Public:				
,				
Country				
County:				
Commission Expires:				

³O.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.

⁴*[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].

The parties to this service agreement agree	ee to the above referenced conditions:
FULTON COUNTY, GEORGIA Robert L. Pitts	
Robert L. Pitts Chairman Fulton County Board of Commissioners	DocuSigned by:
Tonya R. Grier (SEAL) Clerk Fulton County Board of Commissioners	
Approved as to Content: Ladisa Onyiliogwu 163AE4C82BAF41B	
Ladisa Onyiliogwu Director, Department of Senior Services	
Approved as to Form: Duval Stewart 2277A2CEF73F4E4	
Office of the County Attorney	

HAPPY FACES PERSONNEL GROUP, INC.	
Michael Hairston	
Submitted By)	
Michael Hairston	
(Approved₄By) Authorized Representative	
C00	
(Title) 02/10/2020	
Date:/	
ITEM#:RCS:_11/20/201PTEM#:0	RM:_ ⁰
RECESS MEETING REGULAR M	IEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2019

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)

this certificate does not conferrights to the certificate holder in fleu of such endorsement(s).							
PRODUCER		NSL Financial					
NSL Financial Group, Inc		PHONE (A/C, No, Ext): (404) 865-3105 FAX (A/C, No):					
110 Deer Forest Trail		E-MAIL ADDRESS: nslfinancialgroup@yahoo.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
Fayetteville	30214	INSURER A: SENTINEL INS CO LTD	11000				
INSURED		INSURER B: HARTFORD ACCID & IND CO	22357				
Happy Faces		INSURER C: TRAVELERS INSURANCE	19666				
4333 Lynburn Dr Ste 101	l	INSURER D: UNITED STATES LIABILITY	25895				
		INSURER E:					
Tucker	30084	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	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 10,000
Α			X		20SBARB2957	11/27/2019	11/27/2020	PERSONAL & ADV INJURY	\$
	GEN	'L AGGRE <u>GATE</u> LIMIT AP <u>PLIES</u> PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
		OTHER:						EPLI	\$ 10,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	×	X ANY AUTO						BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS ONLY AUTOS	X		20UECZR4453	11/27/2019	11/27/2020	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								MEDPM	\$ 5,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
C	ANY	NY PROPRIETORIPARTNER/EXECUTIVE NY PROPRIETORIPARTNER/EXECUTIVE N/A Mandatory in NH) ves, describe under		X	4N729390 UB	11/27/2019	11/27/2020	E.L. EACH ACCIDENT	\$ 1,000,000
(M	(Man							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES(, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	A	ERSONAL & OVERTISING JURY LIMIT (PER OCCUR)	Х		SPO156-1655	11/27/2019	11/27/2020		1,000,000

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

ONLY THOSE USUAL TO THE INSURED OPERATIONS

CERTIFICATE HOLDER	CANCELLATION
State of Georgia Georgia Department of Administrative Services State Purchasing and all state departments utilizing SWC-SPD0000136-0003	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
200 Piedmont Ave SE. Suite 1804. West Tower	AUTHORIZED REPRESENTATIVE
Atlanta, GA 30334-9010	NSL FINANCIAL GROUP, INC.

STATE OF GEORGIA
COUNTY OF FULTON

We do not use subcontractors

at this time Michael Manne

FORM 2: 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 services³ under a contract with [insert name of prime contractor] behalf Fulton Government has registered with and is participating in a federal work authorization program*, 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: Authorized Officer of Agent (Insert Subcontractor Name) 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:

³O.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.

¹*[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].

STATE OF GEORGIA COUNTY OF FULTON

FORM 1: 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]

HAPPY FACES PERGNAGE GROUP, TNC. on behalf of Fulton County

Government has registered with and is participating in a federal work authorization program*, 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 <u>Fulton County Government</u>, 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 <u>Fulton County Government</u> at the time the subcontractor(s) is retained to perform such service.

170437		
EEV/Basic Pilot Program* User Identification Number		
Michael Hanston		
BY Authorized Officer of Agent (Insert Contractor Name)	_	
_COO		
Title of Authorized Officer or Agent of Contractor		
Michael Hairston		
Printed Name of Authorized Officer or Agent		
Sworn to and subscribed before me this day of _	February , 2020.	WIN EVAN HARA
Notary Public: Mitheel From Harrison		ALL SION ETO O
County: Favethe county		M W W
Commission Expires: October 24th, 2023		OBER 24
Speedlers form		COUNTY INTE
1		

O.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].

COMMENT HISTORY



Contract Document 2020 TEMPORARY STAFFING SERVICES - SWC99999-SPD0000136-0003

Sender: Yasmeen Jackson

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The E-Verify must be filled out. They can send what they sent to the State for the master state contract.