



**FULTON  
COUNTY**

**CONTRACT DOCUMENTS**

**FOR**

**REQUEST FOR PROPOSAL 24RFP013124C-MH**

**2024 ARPA CONSOLIDATED COMMUNITY SERVICES PROGRAM**

**FOR**

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

**OF**

**FULTON COUNTY, GEORGIA**

## **American Rescue Plan Act**

### **Subrecipient Contract between Fulton County and Connecting Communities and Families, LLC**

This **SUBRECIPIENT CONTRACT** (“Contract”) is made by and between **Fulton County, Georgia**, a political subdivision of the State of Georgia (“Fulton County”), by and through its Department of Community Development (“Community Development”), and **Connecting Communities and Families, LLC** (“Subrecipient”) as a nonprofit, tax exempt 501(c) (3) within the State of Georgia (hereinafter collectively referred to as the “Parties”).

**WHEREAS**, a world-wide emergency has arisen with respect to a novel coronavirus known as SARS-CoV-2 (“COVID-19”), which has rapidly spread throughout the world and is now having an unprecedented adverse impact on the citizens and communities throughout Fulton County, Georgia, among others; and

**WHEREAS**, On March 11, 2021, the American Rescue Plan Act was signed into law, and established the Coronavirus State Fiscal Recovery Fund and Coronavirus Local Fiscal Recovery Funds, which together make up the Coronavirus State and Local Fiscal Recovery Funds (“SLFRF”) program; and

**WHEREAS**, on June 26, 2024, the Fulton County Board of Commissioners (“Board”) accepted as a part of the Fulton County Operational report the allocation of \$250,000.00 in American Rescue Plan Act (“ARPA”) funding (Agenda Item #24-0432) to fund eligible, unfunded 2024 Consolidated Community Services Program (“CCSP”) recommended agencies (Agenda Item #24-0350).; and

**WHEREAS**, The purpose of Connecting Communities and Families (CCF) is to address the needs of individuals transitioning from incarceration back into society, particularly those from low-income communities facing significant barriers to reintegration. CCF aims to provide comprehensive support services to empower these individuals to successfully reintegrate into their communities, build stable lives, and reduce the likelihood of recidivism. The services provided by CCF include: 1. **\*\*Re-Entry Support.\*\*** CCF offers a range of re-entry support services tailored to the unique needs of participants, including digital learning, professional development, financial literacy, and wrap-around services. These services are designed to equip individuals with the skills, resources, and support they need to navigate the challenges of reintegration and build brighter futures for themselves and their families. 2. **\*\*Job Readiness and Employment**

Assistance:\*\* CCF provides job readiness training, vocational skills development, and job placement assistance to help participants secure stable employment and achieve economic self-sufficiency. This includes resume building, interview preparation, and ongoing support in accessing job opportunities. 3. \*\*Education and Training:\*\* CCF offers educational resources, including GED assistance, computer training, and access to vocational certification programs, to support participants in achieving their educational and career goals. By enhancing participants' skills and qualifications, CCF helps to expand their opportunities for long-term success. 4. \*\*Wrap-around Services:\*\* CCF offers wrap-around support services to address the holistic needs of participants, including housing assistance, substance use disorder treatment, mental health counseling, and access to community resources. These wrap-around services are essential for addressing underlying barriers to reintegration and promoting stability and well-being. 5. \*\*Family Support:\*\* Recognizing the importance of family stability in successful reintegration, CCF provides family support services, including parenting education, healthy relationship training, and support networks for families. By strengthening family relationships and support systems, CCF helps to create a supportive environment for participants to thrive. Overall, the purpose of CCF is to provide comprehensive support services that empower individuals to successfully reintegrate into their communities, break the cycle of recidivism, and build brighter futures for themselves and their families. Through a combination of re-entry support, job readiness assistance, education and training, wrap-around services, and family support, CCF strives to make a positive impact on the lives of program participants and the communities they serve.; and

**WHEREAS**, in 2024, Subrecipient was selected through a competitive application process for a funding award to provide services and programs to the citizens of Fulton County, and it has shown that it is capable of providing these services efficiently; and

**WHEREAS**, Fulton County desires to engage Subrecipient to render certain services hereinafter described herein, which is to be wholly or partially financed by ARPA funding; and

**WHEREAS**, Subrecipient desires to render such services in connection with the project as a subrecipient of the ARPA allocation, in compliance with all obligations required by this designation; and

**WHEREAS**, the Board finds that allocating ARPA funding to Subrecipient will allow this entity to provide assistance and services to Fulton County residents in the ARPA eligible use category(ies) of: Assistance to Unemployed Workers(“Eligible Use”); and

**WHEREAS**, the Parties deem it to be in the best interest of both parties to enter into this Contract under the terms, obligations and conditions expressed herein.

**NOW THEREFORE**, in consideration of the mutual benefits to both Parties, it is hereby agreed as follows:

## **ARTICLE I. PURPOSE AND RELATIONSHIP**

1. Purpose. This Contract describes the way in which the Parties will use the ARPA funding allotment in responding to the economic and public health impacts of COVID-19 and efforts to contain impacts on the communities, residents, and businesses in Fulton County.

2. Independent Contractor. The relationship of Subrecipient to Fulton County is that of an independent contractor and not of an employee/employer. Neither this Contract, nor any activities described herein, shall be construed as creating a partnership, joint venture, franchise, agency, or other such relationship, and neither Party shall have the right, power, or authority to obligate or bind the other party in any manner whatsoever, without the other party's prior written consent. It is expressly understood that any individual performing services under this Contract on behalf of Subrecipient shall not be deemed to be an employee or independent contractor of Fulton County, and such individual shall not be entitled to tax withholding, workers' compensation, unemployment compensation or any employee benefits, statutory or otherwise, from Fulton County. Subrecipient agrees that it is solely responsible for the reporting and payment of income, social security and other employment taxes due to the proper taxing authorities with respect to such personnel. Subrecipient agrees to indemnify, defend and hold harmless Fulton County and its directors, officers, employees and agents from and against any and all costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney's fees, relating to the reporting and payment of income, social security and other employment taxes and the provision of employee benefits with respect to such individual performing services under this Contract on behalf of Subrecipient. This provision shall survive the expiration or termination of this Contract.

## **ARTICLE II. AWARD AND SCOPE OF SERVICES**

1. Term. This Contract is effective from January 1, 2024 through December 31, 2024.

2. Award. ARPA funding in the amount of **\$25,000.00** ("Award Amount") will be provided by Fulton County to Subrecipient to provide support through the Eligible Use for individuals/families who reside in Fulton County, with such services provided for the period January 1, 2024 through December 31, 2024.

3. Disbursement. Fulton County will disburse the Award Amount in one installment upon execution of this Contract. All invoices subsequently submitted to verify services rendered are

subject to review and approval by the Finance Department-Accounts Payable Division.

4. Scope of Services. Subrecipient will provide support for individuals/families who reside in Fulton County for the purpose of the Eligible Use, in the Award Amount in accordance with the scope of services described in Schedule 1 hereto (the “Scope of Services”). Subrecipient shall spend the Award Amount for the purposes described in Scope of Services, unless other direct changes are agreed to in writing in advance by Fulton County. In no event will Fulton County be obligated for providing any funding above the total amount of the Award Amount.

Subrecipient agrees that only five percent of the Award Amount may be used for administrative purposes. ARPA funding must be used for an “Eligible Use Category” cost/service for Subrecipient’s client.

5. Right to Recovery. Use of grant funds for any costs not approved by this Contract may be subject to reimbursement to Fulton County.

### **ARTICLE III. REPORTING**

1. Maintenance of Records. Subrecipient shall maintain a financial management system and financial records and shall administer funds received pursuant to this Contract in accordance with all applicable federal and state requirements. Subrecipient shall adopt such additional financial management procedures as may from time to time be prescribed by Fulton County if required by applicable laws, regulations, or guidelines from its federal and state government funding sources. Subrecipient shall maintain detailed, itemized documentation and records of all income received and expenses incurred pursuant to this Contract.

Subrecipient must maintain all records, books, papers, and other documents related to its performance of the Scope of Services for a period of five years following the termination of this Contract or such longer period as is necessary for the resolution of any litigation, claim, negotiation, audit, or other inquiry involving this Contract. Such records shall include the full name of individuals served with ARPA funding and where applicable the date of birth, gender, race, and ethnicity of individual receiving assistance. Subrecipient shall make all records, books, papers, and other documents that relate to this Contract available at all reasonable times for inspection, review, and audit by the authorized representatives of Fulton County and the federal government, if so requested.

During the term of this Contract, the Parties shall comply will Federal and State laws and regulations regarding confidentiality of participant records and information.

2. Financial Reports. Subrecipient will submit a close out report of assistance provided to citizens from the allotment provided by Fulton County. Fulton County will provide the performance template and due date to the Subrecipient, and the Subrecipient shall submit the reports electronically. The Subrecipient shall register and maintain an updated profile with SAM.gov. The County reserves the right to impose additional reporting requirements based on the amount and nature of the award by providing these requirements to the Subrecipient in the County's discretion.

3. Limitations on Expenditures. Subrecipient shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided prior to the Effective Date or following the earlier of the expiration or termination of this Contract. Fulton County shall only reimburse Subrecipient for documented expenditures incurred during the Contract Term that are: (i) reasonable and necessary to carry out the Scope of Services; (ii) documented by contracts or other evidence of liability consistent with established Fulton County and Subrecipient procedures; and (iii) incurred in accordance with all applicable requirements for the expenditure of funds payable under this Contract.

Any item of expenditure by Subrecipient under the terms of this Contract which is found by auditors, investigators, and other authorized representatives of Fulton County or the federal government to be improper, unallowable, in violation of federal or state law or the terms of this Contract, or involving any fraudulent, deceptive, or misleading representations or activities of Subrecipient, shall become Subrecipient's liability, to be paid by Subrecipient from funds other than those provided by Fulton County under this Contract or any other agreements between Fulton County, and Subrecipient. This provision shall survive the expiration or termination of this Contract.

4. Audited Financial Statements. If Subrecipient expends \$750,000 or more in federal awards during a fiscal year, Subrecipient acknowledges that it must comply with federal audit requirements, including the preparation of an audit by an independent certified public accountant. During the term of this Contract, the Parties shall comply with Federal and State laws and regulations regarding confidentiality of participant records and information. If Subrecipient expends less than \$750,000 in federal awards in any fiscal year, it is exempt from federal audit requirements, but its records must be available for review by Fulton County and the federal government. Subrecipient shall provide Fulton County with a copy of Subrecipient's most recent audited financial statements, federal Single Audit report, if applicable, and management letter within thirty (30) days after execution of this Contract and thereafter within nine (9) months following the end of Subrecipient's most recently ended fiscal year.

5. Survival. This Article shall survive the expiration or termination of this Contract.

#### **ARTICLE IV. COOPERATION IN MONITORING AND EVALUATION.**

1. Fulton County Responsibilities. Fulton County shall monitor, evaluate, and provide guidance and direction to Subrecipient in the conduct of the Scope of Services performed under this Contract. Fulton County has the responsibility to determine whether Subrecipient has spent funds in accordance with applicable laws, regulations, including the federal audit requirements and agreements and shall monitor the activities of Subrecipient to ensure that Subrecipient has met such requirements. Fulton County may require Subrecipient to take corrective action if deficiencies are found. Methods to ensure compliance for federal awards made to the Subrecipient may include pre-award audits, monitoring during the contract and post-award audits.

2. Subrecipient Responsibilities. Subrecipient shall permit Fulton County to carry out monitoring and evaluation activities, including any performance measurement system required by applicable law, regulation, funding sources guidelines or by the terms and conditions of the applicable Notice of Prime Award, and Subrecipient agrees to ensure, to the greatest extent possible, the cooperation of its agents, employees and board members in such monitoring and evaluation efforts. This provision shall survive the expiration or termination of this Contract.

Subrecipient shall cooperate fully with any reviews or audits of the activities under this Contract by authorized representatives of Fulton County or the federal government and Subrecipient agrees to ensure to the extent possible the cooperation of its agents, employees, and board members in any such reviews and audits. This provision shall survive the expiration or termination of this Contract.

#### **ARTICLE V. COMPLIANCE WITH GRANT AGREEMENT AND APPLICABLE LAWS.**

1. Compliance with Prime Award and Subaward. Subrecipient shall perform all activities funded by this Contract in accordance with this Contract, Schedule 1 and the applicable contract provisions for non-federal entity contracts under federal awards required under Appendix II to the Uniform Guidance.

2. Compliance with Applicable Laws. Subrecipient shall perform all activities funded by this Contract in accordance with all applicable federal, state, and local laws, including without limitation laws which regulate the use of funds allocated under ARPA. The term “federal, state and local laws” as used in this Contract shall mean all applicable statutes, rules, regulations, executive orders, directives, or other laws, including all laws as presently in effect and as may be amended or otherwise altered during the Term, as well as all such laws which may be enacted or

otherwise become effective during the Term. The term “federal, state and local laws” shall include, without limitation, any regulation promulgated pursuant to ARPA.

By entering into this Contract, Subrecipient represents and warrants that it is not in violation of any, and complies with all, federal laws and regulations applicable to subawardees of federal funds and maintains all required federal, state, and local licenses, certifications, permits and accreditations, including the Uniform Guidance found in 2 C.F.R. 200.

## **ARTICLE VI. TERMINATION**

1. Any Party may terminate this Contract by giving thirty (30) calendar days written notice to the other Party and such termination shall be effective upon the 30<sup>th</sup> day. Notice of termination shall be given to the appropriate Party at the address shown in Article VII of this Contract.

2. Anything contained herein to the contrary notwithstanding, Fulton County may terminate the Contract effective immediately prior to expiration of the term where Subrecipient commits a material breach of the Contract and fails to cure said breach within the time allotted by Fulton County.

3. Upon expiration of the term of this Contract or termination of the Contract, the Parties shall agree upon any outstanding present and future obligations and performance commitments to one another, and shall arrange for a proper accounting and work plan for any and all such obligations.

## **ARTICLE VII. NOTICES**

1. For purposes of this Contract, any notices required to be sent to the Parties shall be hand delivered or mailed to the addresses provided below:

**To Fulton County:**

Fulton County Community Development Department

137 Peachtree Street SW

Atlanta, Georgia 30303

**Copy to:**



Office of the County Manager

141 Pryor Street, Suite 10062

Atlanta, Georgia 30303

Office of the County Attorney

141 Pryor Street, Suite 4038

Atlanta, Georgia 30303

**To Subrecipient:**

Connecting Communities and Families, LLC

80 Joseph E. Lowery Blvd. NW

Atlanta, Georgia 30314

**ARTICLE VIII. INSURANCE**

Subrecipient 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. GENERAL PROVISIONS**

1. If any part of this Contract is found to be invalid or unenforceable, or is otherwise stricken, the rest of this Contract shall remain in full force and effect.
2. This Contract constitutes the entire agreement between the Parties. It supersedes any prior oral understandings between them with respect to the matters addressed herein.
3. This Contract may be modified only by written agreement of the Parties, with such modification being subject to approval by the governing bodies of the Parties.

4. Waiver of any term or condition of this Contract shall be effective in writing and shall not be construed as a waiver of any subsequent breach or waiver of the same term or condition, or a waiver of any subsequent breach or waiver of the same term or condition, or a waiver of any other term or condition of this Contract. Nothing herein shall constitute or be considered a limitation upon or waiver of the Parties' rights under applicable law.

5. This Contract shall inure to the benefits of and be binding upon the Parties hereto, their successors and assigns. This Contract is not intended to create any rights interest, or benefits in third parties.

6. This Contract shall be governed by the laws of the State of Georgia.

7. This Contract may be executed in any number of counterparts, each of which when so executed and delivered shall be deemed to be an original without the production of any other counterpart. Any signature delivered via facsimile or other electronic means shall be deemed an original signature hereto.

8. This Contract is not intended to and shall not be construed to give any Third Party any interest or rights (including, without limitation, any Third Party beneficiary rights) with respect to or in connection with any agreement or provision contained herein or contemplated hereby, except as otherwise expressly provided for in this Contract.

**(SIGNATURES ON LAST PAGE)**

**Schedule I**

**Name of Subrecipient:** Connecting Communities and Families, LLC

**Subrecipient's Unique Entity ID (SAM) Number:**

**SCOPE OF CONTRACTOR'S DUTIES:**

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

**SCOPE OF WORK:**

**ARPA Consolidated Community Services Program (ARPA-CCSP)**

**CCSP Service Category:** Economic Stability/Poverty

**Eligible Use Category(ies):** Assistance to Unemployed Workers

**CCSP Funding Priority(ies):**

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Access to digital literacy training for middle skill jobs-earn & learn models allowing job seekers to meet basic needs..., Training Job Development Employment which leads to self sufficiency Ex offender support services...

**Health and Wellness:** Not Applicable

**Homelessness:** Not Applicable

**Senior Services:** Not Applicable

**Veterans Services:** Not Applicable

**Connecting Communities and Families, LLC, Transition to Independence 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
Transition to Independence	80 Joseph E. Lowery blvd. Nw	Atlanta	georgia	30314	4	4

<b>Name of Program Site</b>	<b>Program Location (complete physical address)</b>	<b>Program City</b>	<b>Program State</b>	<b>Program Zip code</b>	<b>Fulton County District of the program (Facility) location</b>	<b>District(s) of Fulton County Residents Served by the program (facility) location</b>
Transition to Independence	400 Formwalt St.	Atlanta	ga	30312	3	4

### **Approach and Design:**

**Connecting Communities and Families, LLC, Transition to Independence will provide services, with ARPA-CCSP funding, to 50 clients that reside in Fulton County.**

**Connecting Communities and Families, LLC, will provide the following activities and services in Fulton County with ARPA-CCSP funding:**

Connecting Communities and Families (CCF) will provide a range of activities and services to support individuals transitioning from incarceration back into society, aligning with the criteria provided:

#### **1. Specific Activities and Services:**

- Digital Literacy Training: CCF will offer digital literacy training to equip participants with essential skills for middle-skill jobs. This includes basic computer skills, internet navigation, and proficiency in Microsoft Office applications.
- Job Development and Training: CCF will provide job development and training programs tailored to the needs of program participants. This includes resume building, interview preparation, vocational training, and job placement assistance.
- Ex-Offender Support Services: CCF offers comprehensive support services to address the specific needs of formerly incarcerated individuals. This includes case management, mentoring, counseling, and access to wrap-around services to support successful reintegration.
- Food Insecurity Support: CCF collaborates with local food banks and community organizations to address food insecurity among program participants. This includes providing access to food assistance programs, meal services, and nutrition education.
- Permanent Supportive Housing: CCF works with housing agencies and supportive housing providers to secure stable housing for individuals exiting incarceration. This includes access to affordable housing options, rental assistance programs, and supportive services to maintain housing stability.

- Home and Community-Based Services: CCF connects program participants with home-based and community-based services for seniors, including healthcare assistance, transportation services, and social support networks.

2. Accomplishing Activities and Services:

- CCF utilizes a holistic approach to service delivery, combining evidence-based practices, individualized case management, and community partnerships to accomplish program activities and services.
- Activities are accomplished through a combination of in-house programs, partnerships with local agencies and service providers, and leveraging community resources to meet the diverse needs of program participants.

3. Fulton County "Health and Human Services" Key Performance Indicators:

- CCF addresses the Fulton County Key Performance Indicator of Percentage of residents who experience food insecurity by providing food assistance programs and collaborating with food banks.
- CCF supports the Key Performance Indicator of Number of people who receive permanent supportive housing and support services by facilitating access to stable housing options and supportive services.
- CCF contributes to the Key Performance Indicator of Number of residents who have access to home-based and community-based services for seniors by connecting program participants with relevant services and resources.

4. CCSP Funding Priorities:

- CCF addresses the CCSP funding priority of Access to digital literacy training for middle skill jobs by offering digital literacy programs and earn-and-learn models.
- CCF supports the funding priority of Training Job Development Employment leading to self-sufficiency by providing job development and training programs tailored to participant needs.
- CCF addresses the priority of Ex-offender support services by offering comprehensive support services to formerly incarcerated individuals to support successful reintegration into the community.

5. Community Collaborative Relationships:

- CCF collaborates with over seven community organizations, including local job training centers, housing agencies, food banks, healthcare providers, senior service organizations, and faith-based groups to address the diverse needs of program participants and enhance program effectiveness.

**Designation of ARPA-CCSP Funds:**

Based on the awarded amount of **\$25,000.00**, the ARPA-CCSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

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

***Operational Expenditures-*** ARPA-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-** ARPA-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 ARPA-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
<b>Administrative</b> (5% Admin max of funds awarded.)	\$1,250.00
<b>Operational</b>	\$11,000.00
<b>Direct Services</b>	\$12,750.00
<i>Total</i>	\$25,000.00

**Explanation of Funding Details:**

Direct service expenditures for the Connecting Communities and Families (CCF) re-entry program would encompass the costs directly associated with delivering services to program participants. These expenditures include expenses related to staffing, participant support services, program materials, and other direct program costs. Here's a breakdown of potential direct service expenditures for the project:

- 1. **\*\*Administrative Costs:\*\***
  - Salaries and benefits for program staff directly involved in delivering services, such as case managers, counselors, educators, and administrative support personnel.

- Training and professional development expenses for staff to enhance their skills and qualifications in providing services to participants.

2. **\*\*Participant Support Services:\*\***

- Costs associated with providing digital learning resources, including software licenses, online learning platforms, and educational materials.
- Expenses related to professional development resources, such as training materials, workshops, seminars, and certification programs.
- Financial literacy materials and resources for participants, including educational materials, workshops, and financial counseling services.
- Wrap-around services, such as housing assistance, substance use disorder treatment, mental health counseling, transportation assistance, and access to community resources.

3. **\*\*Program Materials and Supplies:\*\***

- Costs for program materials and supplies necessary for delivering services, such as office supplies, educational materials, program curriculum, and equipment.

4. **\*\*Participant Assistance and Incentives:\*\***

- Funds allocated for participant assistance, such as transportation vouchers,
- Incentives for participant engagement and achievement, such as gift cards, recognition awards, or graduation ceremonies.

5. **\*\*Evaluation and Data Collection:\*\***

- Costs associated with program evaluation, data collection, and reporting to assess program effectiveness and outcomes.
- Expenses for data management systems, software, and staff time dedicated to collecting and analyzing program data.

6. **\*\*Operational Costs:\*\***

- Direct administrative expenses directly related to program delivery, such as office rent, utilities, insurance, and other overhead costs associated with operating the program.

The specific direct service expenditures for the project would depend on the scope and scale of the program, the number of participants served, the range of services provided, and other factors. A detailed budget would be developed to allocate funds to these various categories based on the program's needs and priorities.

**Program Performance Measures:**

**Connecting Communities and Families, LLC agrees to track and report program performance to the Fulton County Department of Community Development.**

**County Defined Performance Measure(s):**

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Number of individuals placed in Living Wage Employment; receiving training/job development/employment support...,Number of individuals receiving access/support for educational resources...,Number of individuals who complete GED requirements; Attainment of credential in post-secondary training...,Number of referrals to WorkSource Fulton / WorkSource Atlanta

**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 ARPA-CCSP funding, during the funding period 01/01/2024 through 12/31/2024:**

**\*\*Program Performance Measures:\*\***

**1. \*\*Explanation of Methods and Goals :\*\***

The Connecting Communities and Families (CCF) re-entry program utilizes a set of key performance indicators (KPIs) to track and report program outcomes effectively. These KPIs are designed to measure the program's success in achieving its specific goals and objectives, including reducing recidivism rates, increasing employment outcomes, and improving participant well-being. For example, KPIs may include the percentage of participants who secure stable employment within six months of program completion, the rate of recidivism among program participants compared to the general population, and participant satisfaction with program services.

**2. \*\*Description of Major Milestones and Schedule :\*\***

CCF has identified major milestones to be achieved throughout the program implementation process, along with a supporting schedule to ensure timely progress and accountability. These milestones may include the launch of program services, recruitment and enrollment of participants, completion of training and support programs, and ongoing monitoring and evaluation of program outcomes. The schedule outlines specific timelines and deadlines for each milestone, allowing for effective planning and implementation of program activities.

**3. \*\*Data Collection Tools and Sources :\*\***

To report progress on performance measures, CCF utilizes a variety of data collection tools and sources. This may include participant surveys, pre and post-program assessments, case management records, program evaluations, and



administrative data from partner agencies. By collecting data from multiple sources, CCF ensures comprehensive and accurate reporting on program outcomes and impact.

4. **\*\*County Defined Performance Measures :\*\*b>**

As part of the contract with the county, CCF commits to reporting on three performance measures defined by the county within the primary service category selected. These measures may include metrics related to program reach, effectiveness, and efficiency, as determined by the county's specific requirements and priorities. CCF will track and report on these measures throughout the contract period to demonstrate accountability and adherence to county standards.

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

**\*\*Agency Defined Performance Measures :\*\*b>**

CCF establishes three agency-defined performance measures to report on during the contract period. These measures align with the program's goals and objectives and may include indicators related to participant outcomes, program impact, and stakeholder satisfaction. By defining its own performance measures, CCF ensures alignment with its mission and strategic priorities, allowing for meaningful assessment of program effectiveness and continuous improvement. Importantly, these agency-defined measures do not duplicate the County Defined Performance Measures, ensuring comprehensive reporting on all relevant aspects of program performance.

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:

FULTON COUNTY, GEORGIA

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

CONTRACTOR:

Connecting Communities and Families, LLC  
VENDOR NAME

DocuSigned byName of Signatory: Rosie Palmer  
*Rosie Palmer*  
Title of Signatory: Founder/CEO  
959AD9DB110D496...  
Authorized Signature

ATTEST:

DocuSigned by:  
*Tonya R. Grier*  
EEC476C4837648D...  
Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)



ATTEST:

DocuSigned byName of 2nd Signatory: Evon Chaney  
*Evon Chaney*  
Title of 2nd Signatory: Board Chair  
DD8FFBACB72246D...  
Second Authorized Signature

(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#: 24-0432 2ND RM: 6/26/2024
REGULAR MEETING	SECOND REGULAR MEETING



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2024

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

GILD INSURANCE AGENCY  
GILD INSURANCE AGENCY 16192  
COASTAL HWY LEWES, DE 19958

CONTACT NAME: CHUBB CSC

PHONE (A/C, No, Ext): (866) 972-2727

FAX (A/C, No):

E-MAIL: chubbesc@chubb.com

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : ACE Property And Casualty Insurance Company

20699

INSURER B : Bankers Standard Insurance Company

18279

INSURER C :

INSURER D :

INSURER E :

INSURER F :

## INSURED

CONNECTING COMMUNITIES AND FAMILIES NPO  
80 JOSEPH E LOWERY BLVD SW

ATLANTA

GA 30314

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	D02405969	08-28-2024	08-28-2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					MED EXP (Any one person) \$ 5,000
	OTHER:					PERSONAL & ADV INJURY \$ Included
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	Y	D02405970	08-28-2024	08-28-2025	COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	CLAIMS-MADE					BODILY INJURY (Per person) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				BODILY INJURY (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					PROPERTY DAMAGE (Per accident) \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies. FULTON COUNTY GOVERNMENT is listed as Additional Insured, as per the terms and conditions of the Chubb Business Owners Liability Enhancements Endorsement (BOP47635a, or its equivalent) included in the policy.

## CERTIFICATE HOLDER

FULTON COUNTY GOVERNMENT

130 PEACHTREE ST SW  
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

Wanona Roderick





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 08/28/2024

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

<b>PRODUCER</b> GILD INSURANCE AGENCY 44430120 16192 COASTAL HIGHWAY LEWES DE 19958	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (302) 268-6769 (A/C, No, Ext):	<b>FAX</b> (A/C, No):
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hartford Insurance Company of Illinois	
	<b>INSURER B:</b>	
<b>INSURED</b> CONNECTING COMMUNITIES AND FAMILIES INC 80 JOSEPH E LOWERY BLVD NW ATLANTA GA 30314-3421	<b>NAIC#</b> 38288	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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
	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 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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
A	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	44 WEG BJ9SA4	08/27/2024	08/27/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE -EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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 D  
 130 Peachtree Street Southwest  
 Atlanta GA 30303

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

AUTHORIZED REPRESENTATIVE

*Susan L. Castaneda*

From: "Ferrell, Dionne" <Dionne.Ferrell@fultoncountyga.gov>  
Subject: RE: DISREGARD Web Grants Emails Requesting  
Performance Reports due July 31st  
Date: August 28, 2024 at 10:43:32 AM EDT  
To: Rosie Palmer <rosiet@connectingcommunitiesatl.com>

Please see approval for waiver below. Please attach the email to the C.O.I. as requested in Web Grant.

**From:** Williams, Cherie <Cherie.Williams@fultoncountyga.gov>  
**Sent:** Wednesday, August 28, 2024 10:14 AM  
**To:** Ferrell, Dionne <Dionne.Ferrell@fultoncountyga.gov>  
**Subject:** RE: DISREGARD Web Grants Emails Requesting  
Performance Reports due July 31st

Good morning Deedee,

I am in receipt of the auto liability waiver request for  
Connecting Communities. The waiver request is approved.

Regarding the Workmen's Comp document provided, the  
required coverages must be provided using the Certificate of  
Insurance (Acord) document that we provided as a sample.  
The Workmen's Comp document provided is a quote/bill and  
are not the proper documents for submission.

As evidence of the auto liability waiver, please ask the  
agency to submit this email with their COI document(s) as  
one document and upload to WebGrants.

Thank you!

**Cherie Williams**

Program Manager

Youth and Community Services Division | Department of Community  
Development

404-612-5348 (office) | 404-612-1109 (efax)

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# PERMANENT GENERAL ASSURANCE CORP OF OHIO

## Insurance Identification Card(s)

<b>POLICY NUMBER:</b>	17-GA 7308719
<b>POLICY PERIOD:</b>	07/27/2024 to 01/27/2025 12:01 A.M.
<b>POLICY TERM:</b>	6 MONTHS

Thank you for allowing Permanent General Companies to service your automobile insurance needs! If you have not done so already, sign up today for online account access at [www.pgac.com/mypolicy](http://www.pgac.com/mypolicy). On our secure website you can check your next payment due date and amount, make a payment, make policy changes, request ID cards, view transaction history, invoices and more!

Below are your vehicle identification cards. These identification cards are valid only when your policy is in force. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law. Failure to comply may result in assessment of fines, revocation of registration privileges or restriction of renewal / issuance of a driver's license.

### GEORGIA AUTOMOBILE INSURANCE IDENTIFICATION CARD

**Policy Number:** 17-GA 7308719

**Effective From:** 07/27/2024  
**To:** 01/27/2025 12:01 A.M.

**Insured:** DENNIS U PALMER  
ROSIE F PALMER  
2295 HERITAGE GREEN TRL  
MARIETTA GA 30064

**Vehicle:** 2013 DODG DURANGO CREW  
1C4RDHDG7DC613772

**Agency:** THE GENERAL AUTO INS SVCS, INC  
(800)280-1466

**Company:** PERMANENT GENERAL ASSURANCE CORP OF OHIO

**NAIC:** 22906



BINDER

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR  
VEHICLE FOR PRODUCTION UPON DEMAND

**To report a claim: 1-800-280-1466**

When an accident occurs, collect the following information and notify us immediately:

- Name and address of each driver, passenger and witness.
- Name of Insurance Company and policy number for each driver / vehicle involved.

Visit our self service website:

[www.pgac.com/mypolicy](http://www.pgac.com/mypolicy)

### GEORGIA AUTOMOBILE INSURANCE IDENTIFICATION CARD

**Policy Number:** 17-GA 7308719

**Effective From:** 07/27/2024  
**To:** 01/27/2025 12:01 A.M.

**Insured:** DENNIS U PALMER  
ROSIE F PALMER  
2295 HERITAGE GREEN TRL  
MARIETTA GA 30064

**Vehicle:** 2013 DODG DURANGO CREW  
1C4RDHDG7DC613772

**Agency:** THE GENERAL AUTO INS SVCS, INC  
(800)280-1466

**Company:** PERMANENT GENERAL ASSURANCE CORP OF OHIO

**NAIC:** 22906



BINDER

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VEHICLE FOR PRODUCTION UPON DEMAND

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When an accident occurs, collect the following information and notify us immediately:

- Name and address of each driver, passenger and witness.
- Name of Insurance Company and policy number for each driver / vehicle involved.

Visit our self service website:

[www.pgac.com/mypolicy](http://www.pgac.com/mypolicy)

#24RFP013124C-MH

2024 Consolidated Community Services Program

Purchasing Forms &amp; 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 services<sup>1</sup> under a contract with **[insert name of prime contractor (Agency)]** CONNECTING COMMUNITIES AND FAMILIES, INC on behalf of Fulton County Government has registered with and is participating in a federal work authorization program\*,<sup>2</sup> in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

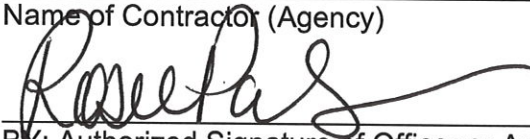
The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with Fulton County Government, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 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.

743048

EEV/Basic Pilot Program\* User Identification Number

CONNECTING COMMUNITIES AND FAMILIES, INC

Name of Contractor (Agency)



BY: Authorized Signature of Officer or Agent of Contractor

CEO/FOUNDER

Title of Authorized Officer or Agent of Contractor of Contractor

ROSIE PALMER

Printed Name of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this 26 day of February, 2024.

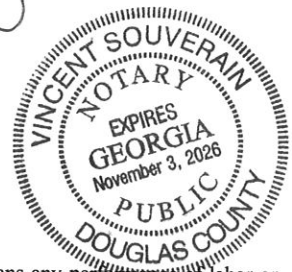
Notary Public:



County:

Douglas

Commission Expires:

November 3, 2026

<sup>1</sup>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.

<sup>2</sup>[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 Completion

Envelope Id: E3CC0E39764F4E5B8097B079F8D835F0		Status: Completed
Subject: Please DocuSign: 2024 ARPA-CCSP Contract-Connecting Communities-BOC Agenda#24-0432 & #24-0350		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 24	Signatures: 6	Envelope Originator:
Certificate Pages: 7	Initials: 0	Carlos S. Thomas
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
		carlos.thomas@fultoncountyga.gov
		IP Address: 73.106.219.199

Record Tracking

Status: Original	Holder: Carlos S. Thomas	Location: DocuSign
8/29/2024 3:24:50 PM	carlos.thomas@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events	Signature	Timestamp
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rosiet@connectingcommunitiesatl.com		Resent: 9/3/2024 12:01:05 PM
Founder/Executive Director		Viewed: 9/3/2024 12:09:03 PM
CC&F		Signed: 9/3/2024 12:10:01 PM
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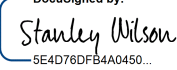
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evmjackson@hotmail.com		Viewed: 9/3/2024 12:19:31 PM
Security Level: Email, Account Authentication (None)		Signed: 9/3/2024 1:50:38 PM

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Mark Hawks2	<div>Completed</div> <div>Using IP Address: 45.20.200.178</div>	Sent: 9/3/2024 1:50:41 PM
mark.hawks@fultoncountyga.gov		Viewed: 9/4/2024 9:57:48 AM
Chief Assistant Purchasing Agent		Signed: 9/4/2024 9:57:59 AM
Purchasing and Contract Compliance		
Security Level: Email, Account Authentication (None)		

Electronic Record and Signature Disclosure:  
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Stanley Wilson	<div>DocuSigned by:  5E4D78DFB4A0450...</div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 76.209.103.30</div>	Sent: 9/4/2024 9:58:02 AM
Stanley.Wilson@fultoncountyga.gov		Viewed: 9/4/2024 10:37:51 AM
Director		Signed: 9/4/2024 10:37:56 AM
Stanley Wilson		
Security Level: Email, Account Authentication (None)		

Signer Events	Signature	Timestamp
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Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Lauren Hansford  
lauren.hansford@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)

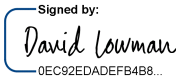
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Electronic Record and Signature Disclosure:  
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David Lowman  
David.Lowman@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)

Signed by:  
  
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Signature Adoption: Pre-selected Style  
Using IP Address: 74.174.59.10

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Signed: 9/4/2024 11:06:25 AM

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ID: 2e2876f5-d41e-46ef-939a-0ee17d6bc83c

Nikki Peterson  
nikki.peterson@fultoncountyga.gov  
Chief Deputy Clerk to the Board of Commissioners  
Fulton County Government  
Security Level: Email, Account Authentication  
(None)

Completed

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Signed: 9/5/2024 1:49:54 PM

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Robert L. Pitts  
michael.oconnor@fultoncountyga.gov  
Security Level: Email, Account Authentication  
(None)

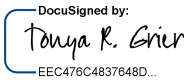
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Signature Adoption: Pre-selected Style  
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Signed: 9/5/2024 2:53:10 PM

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)

DocuSigned by:  
  
EEC476C4837648D...



Signature Adoption: Pre-selected Style  
Using IP Address: 99.96.24.191

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Signed: 9/5/2024 3:53:03 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) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>Completed</b>  Using IP Address: 45.20.200.178	Sent: 9/5/2024 3:53:07 PM Viewed: 9/9/2024 1:24:20 PM Signed: 9/9/2024 1:24:36 PM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 8/29/2024 3:44:11 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 8/29/2024 3:44:11 PM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 8/29/2024 3:44:12 PM Resent: 9/9/2024 1:24:45 PM
Dian DeV Vaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 9/9/2024 1:24:41 PM Viewed: 9/9/2024 1:26:14 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/29/2024 3:44:11 PM
Envelope Updated	Security Checked	8/30/2024 2:23:31 PM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	9/9/2024 1:24:20 PM
Signing Complete	Security Checked	9/9/2024 1:24:36 PM
Completed	Security Checked	9/9/2024 1:24:41 PM
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.

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### **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](mailto: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](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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- 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;
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**Required hardware and software**

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

\*\* 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.

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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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