



**FULTON  
COUNTY**

**CONTRACT DOCUMENTS**

**FOR**

**REQUEST FOR PROPOSAL 24RFP013124C-MH**

**2024 CONSOLIDATED COMMUNITY SERVICES PROGRAM**

**FOR**

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

**OF**

**FULTON COUNTY, GEORGIA**

## CONTRACT AGREEMENT

THIS AGREEMENT (“Agreement”), entered into this **1st day of January 2024**, by and between **FULTON COUNTY**, Georgia (hereinafter referred to as “Fulton County” or “County”), a political subdivision of the State of Georgia, acting by and through its Community Development Department’s Youth and Community Services Division (“YCS”), and **The Salvation Army, A Georgia Corporation** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the “Parties”).

### WITNESSETH

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

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

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

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

The Agreement was approved by the Fulton County Board of Commissioners on **May 17, 2024, BOC#24-0350**.

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

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## **INDEX OF ARTICLES**

**ARTICLE 1. PARTIES AND TERM**

**ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES**

**ARTICLE 3. COMPENSATION FOR SERVICES**

**ARTICLE 4. RECORD KEEPING**

**ARTICLE 5. INDEMNIFICATION**

**ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE**

**ARTICLE 7. INDEPENDENT CONTRACTOR STATUS**

**ARTICLE 8. INSURANCE**

**ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT**

**ARTICLE 10. SUBCONTRACTING**

**ARTICLE 11. ASSIGNABILITY**

**ARTICLE 12. SEVERABILITY OF TERMS**

**ARTICLE 13. PRECEDENCE OF AGREEMENT**

**ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY**

**ARTICLE 15. CAPTIONS**

**ARTICLE 16. GOVERNING LAW**

**ARTICLE 17. JURISDICTION**

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## **ARTICLE I - PARTIES AND TERM:**

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

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

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

(d) This Agreement will remain in effect from **01/01/2024**, until midnight **12/31/2024**.

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

## **ARTICLE II - SCOPE OF CONTRACTOR’S DUTIES:**

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

### **SCOPE OF WORK:**

#### **Consolidated Community Services Program (CCSP)**

**CCSP Service Category:** Veterans Services

**CCSP Funding Priority(ies):**

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Not Applicable

**Health and Wellness:** Not Applicable

**Homelessness:** Not Applicable

**Senior Services:** Not Applicable

**Veterans Services:** Veterans Homelessness. Includes basic needs, goods and services, emergency financial services...

**The Salvation Army, A Georgia Corporation, The Salvation Army Red Shield Services**

**Veterans Service Program** will provide services at the following locations at specified times during the contract period of **01/01/2024** through **12/31/2024**:

**Service Delivery Site(s):**

<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>
The Salvation Army Red Shield Services	469 Marietta Street	Atlanta	GA	30313	4	1,2,3,4,5,6

**Approach and Design:**

**The Salvation Army, A Georgia Corporation, The Salvation Army Red Shield Services**

**Veterans Service Program** will provide services to **45** clients that reside in Fulton County, with CCSP funding.

**The Salvation Army, A Georgia Corporation, will provide the following activities and services in Fulton County with CCSP funding:**

The Health and Human Services strategic objective met by this application is **“4. Support the vulnerable residents in our social services.”** The Key Performance indicator is “4. Support the vulnerable residents in our social services” bullet point four (4) “Percentage change in the homeless population year to year.

What three funding priorities are identified by the primary service category (Veterans Services Funding Priorities)? The major CCSP funding priority to be met is (1) VETERANS HOMELESSNESS. The Salvation Army Red Shield Services VOM program includes basic needs (emergency shelter, food, clothing), goods and services, emergency financial services, homeless services, and transitional housing. The VOM program focuses on solutions to address needs by Fulton County veterans (outside of the City of Atlanta) whose needs are not met through other programs within Fulton County. A secondary funding priority to be met is (2) VETERANS TRANSITIONAL ASSISTANCE. This includes moving from shelter to more permanent housing, employment opportunities, basic needs, and applying for VA services. Veterans with (3) PTSD are served and receive referrals to health care providers as well as spiritual programs (not required) offered at Red Shield Services to address unique military health challenges caused by PTSD.

How will the activities and services be accomplished? For veterans needing immediate shelter, it all begins at client intake. As a low barrier facility, clients are able to complete intake regardless of whether they have identification or a current tuberculosis test. There is no specific dress code for potential clients upon arrival, nor are drug or alcohol screenings required for entry. Veterans are not screened out based on rental, credit, criminal history, sobriety, or other concerns, which are barriers to shelter. The only exception is that of registered sex offenders. Registered sex offenders are unable to participate in any Red Shield Services programs due to the facility's proximity to a public school and that we have children in facility under the age of 18.

Once a client has been enrolled in the emergency shelter program and have identified themselves as a veteran, our VOM staff takes over the case. The client meets with a specialized case worker within 48 hours of enrollment into the shelter.

The case worker determines the tools we have in place to assist with their needs. If appropriate, the veteran will be enrolled into one of the three specialized VOM programs. The VOM program currently has 39 beds for the Substance Abuse - CT program, 19 beds for the Service Intensive - SI program, and 10 beds for the Bridge Housing - BH program.

If a client is enrolled in the Substance Abuse – CT (Clinical Treatment) 90-day program, it is comprised of three phases, each 30 days in length. The movement between phases is dependent on participation the previous phase. During the first two phases, daily class attendance, nightly meetings, and group attendance are mandatory. In the second phase, participants will need to obtain a sponsor. During the third phase, classes are no longer required. Weekly group and four

meetings a week are required. During this phase, participants work on obtaining employment and housing. The Substance Abuse – CT is a 12-step, substance abuse treatment program. Participants meet with their case manager a minimum of once per week.

We are asking the Fulton County VSP to support costs associated with the Service Intensive – SI program which provides veterans with their own bed, linen, and locker, located in a dorm style room, which includes space to store personal belongings. Each participant creates an Individual Service Plan (ISP) with their case worker. Case management is required on a weekly basis. During their time in the Service Intensive – SI program, goals are set and outcomes for housing within 90 days are the priority.

To be enrolled in the Bridge Housing - BH program, the participant must come into the program with a housing voucher. Veterans are provided their own bed, linen, and locker, located in a dorm style room, which includes space to store personal belongings. An Individual Service Plan (ISP) is created with the help of a case worker. Case management is required on a weekly basis.

During enrollment in the VOM program, veterans may use the location as their address and receive mail. If they have a vehicle, they can park at Red Shield Services during the duration of enrollment. If clients need assistance with transportation, MARTA cards may be available. Clients have access to the computer lab and food pantry, as needed.

Collaborations to address veteran needs outside of The Salvation Army Red Shield Services facility include MOUs and MOAs with Community Friendship, Mercy Care, Empowerment Resources, VSNS (Visions), Veterans Administration, Crossroads Ministries, Open Doors, Grady Hospital and Partners for Home.

### **Designation of CSP Funds:**

Based on the awarded amount of **\$50,000.00**, the CCSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

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

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

***Direct Service Expenditures-*** CCSP funds utilized to provide services directly to agency/program participants such as payments made on behalf of participants for rent, utilities, food, shelter, transportation (rentals, gas, and parking, bus drivers, public transportation costs, etc.) , scholarships and day care vouchers, salaries and fringe benefits for direct service personnel (Case Managers, Educators, Subcontractors, etc.), program supplies (educational/instructional materials, paper, pencils, markers, etc.) directly consumed by participants. Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

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

<b>Cost Category</b>	<b>Designation of CCSP Funding Award</b>
<b>Administrative</b> (5% Admin max of funds awarded.)	\$2,500.00
<b>Operational</b>	\$40,000.00
<b>Direct Services</b>	\$7,500.00
<i>Total</i>	\$50,000.00

### **Explanation of Funding Details:**

§ ***Administrative Expenses-*** Will be used to support Case Worker on salaries and salary fringe at 5% of grant award.

§ ***Operational Expenditures-*** Will be used for office supplies (pens, toner, paper, etc.), agency's utility expenses and vehicle maintenance and upkeep.

§ ***Direct Service Expenditures-*** Will be used for client food expenses (clients receive two-three hot meals per day while in shelter).



**Program Performance Measures:**

**The Salvation Army, A Georgia Corporation agrees to track and report program performance to the Fulton County Department of Community Development.**

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

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Not Applicable

**Health and Wellness:** Not Applicable

**Homelessness:** Not Applicable

**Senior Services:** Not Applicable

**Veterans Services:** Number of potential instances of homelessness prevented

**The following program measures/ Key Performance Indicators (“KPI’s”) will be utilized to track and report program outcomes for the Fulton County residents supported with CSP funding, during the funding period 01/01/2024 through 12/31/2024:**

**Veterans Services County defined performance measures:**

- Number of Veterans receiving referrals to behavioral health and other supportive services = 25 KPI
- Number of Veterans who report or demonstrate improved health-related outcomes or other “quality of life” measures = 30 KPI
- Number of Veterans connected to Veterans Disability Benefits = 10 KPI
- Number of potential instances of homelessness prevented = 45 KPI
- Number of Veterans assisted through rapid re-housing = 10 KPI
- Number of Veterans placed in Transitional Housing = 20 KPI

- Number of Veterans whose barriers to self-sufficiency are eliminated/ reduced; paths to self-sufficiency created increase in (income, access to cash or non-cash mainstream benefits) = 20 KPI

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

#### **Agency defined performance measures:**

- Number of Veterans served with emergency shelter from Fulton County zip codes (outside of City of Atlanta) = 45 KPI
- Minimum overall number of emergency shelter bed nights for Fulton County Veterans = 4,050 KPI
- Minimum overall number of shelter meals for Fulton County Veterans = 8,100 KPI

### **ADDITIONAL REQUIREMENTS**

***Failure to adhere to the terms of this Agreement, in addition to the requirements listed below, may result in one or all of the following; delayed disbursement or total loss of awarded funds, and / or ineligibility to receive an RFP award during the next funding cycle.***

1. Contractor agrees to develop, in conjunction with Fulton County, a process of accepting and serving Fulton County residents referred by the Youth and Community Services Division of Fulton County Government.
2. As consideration for the County providing funding and the non-profit entity accepting same, the non-profit entity shall, upon the County's request, participate in County-sponsored events and activities on County property, when feasible. The non-profit agency shall use its best efforts to comply with the County's request provided that it is given at least one week's notice to do so. Failure to participate will be taken into consideration for future funding requested by the non-profit entity.

3. Contractor agrees to allow staff from the Fulton County Department of Community Development to conduct contract compliance site visits as necessary (announced or unannounced).
4. During the site visit, Contractor will be required to allow staff to monitor programming, as well as review client rosters / sign-in sheets and/ or Registration information that should include complete addresses of Fulton County residents served by this funding.
5. Contractor agrees to comply with the Operational Specifications outlined in **2024 Consolidated Community Services Program 24RFP013124C-MH**.
6. Contractor agrees that advertising, promotions and other publicity in connection with the supported program(s) shall include the following acknowledgment: **“Funding provided in part by the Fulton County Board of Commissioners under the guidance of the Department of Community Development.”**

*Note: If your agency uses logos versus text, you may substitute the language above with the Fulton County Logo.*

### **Reporting**

***It is the Contractor’s responsibility to ensure accurate reporting of all information contained in the performance reports. Reports and supportive documentation that consistently include erroneous/ inaccurate data may result in a required reimbursement of funding and/or may negatively impact future funding.***

7. Contractor will be required to submit completed performance reports (with deadlines of **(July 12, 2024, and January 10, 2025)**) to adhere to the requirements outlined in the Performance Report Instructions, as well as the format provided by the Fulton County Department of Community Development. Future funding will be affected if performance reports are not submitted by stipulated due dates.
8. Contractor will be required to provide demographic information concerning the Fulton County residents served, including, but not limited to age, race/ethnicity and gender.
9. Contractor will be required to report the number of UNDUPLICATED/NEW participants directly served through the Community Services Program funding. **Please note:** Failure to serve the total number of participants contracted to be served with CCSP funding may result in reimbursement of CCSP funding to Fulton County. Failure to reimburse the funding requested will result in the ineligibility to receive future funding.

10. Contractor will be required to submit unduplicated client rosters in a spreadsheet format that includes the complete residential addresses of the Fulton County residents served with CCSP funding, and LEDGERS demonstrating how Community Services Program funds were expended for the specified reporting period.

### **Expenditure of Funds**

11. Contractor is prohibited from utilizing CCSP funds for capital expenditures. (A “capital expenditure” is defined as: any resource not completely consumed during the contract year, i.e. computers, printers, construction, vehicles, cell phones, etc.) Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are excluded from the definition of “capital expenditure” (e.g., children's story books, educational materials, games, puzzles, and flash cards).

12. Community Services Program funds must be expended by December 31<sup>st</sup> of the contract year. All funds that are not spent by this date must be reimbursed to Fulton County Government within 30 days of written request. A Contractor’s failure to adhere to this requirement will result in one or more of the following: inability to receive future funding from Fulton County, and/or legal action against the agency to recoup funding that are not reimbursed by the deadline.

## **ARTICLE III - COMPENSATION FOR SERVICES**

(a) Fulton County agrees to pay Contractor a maximum sum of **\$50,000.00**.

(b) Upon receipt and approval of Contractor’s invoice delineating projected expenditures for the first six months of the contracting period. Upon receipt and approval of said invoice, County shall pay Contractor the first six months of compensation provided for by this Agreement. The Contractor shall provide Fulton County with a second invoice delineating projected expenditures for the remaining six months of the Agreement Term. Upon receipt and approval of said invoice, Fulton County shall pay Contractor the second six months of compensation provided by this Agreement. **A failure by Contractor to submit the invoice for the first and/ or second six months of the contracting period will constitute a breach of this Agreement.**

(c) If through any cause, Contractor shall fail to fulfill its obligation under this Agreement in a timely and proper fashion or in the event that any of the provision or stipulations of this Agreement are violated by Contractor, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon

Contractor of Fulton County's intent to suspend or terminate this Agreement. If the Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving only the compensation for work performed in a manner satisfactory to Fulton County up to and including the date of the written termination notice.

(d) The Contractor agrees and understands that all expenditures must be consistent with the scope and purpose of this Agreement, and expenditures must be consistent with the guidelines and definitions established in **2024 Consolidated Community Services Program 24RFP013124C-MH**, which is hereby incorporated by reference herein and made a part of this agreement. The County reserves the right to approve and reject payment for expenditures which are not consistent with the scope and purpose of this Agreement, and which the County determines are not consistent with the guidelines and definitions established in the Community Services Program RFP.

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

#### **ARTICLE IV - RECORD KEEPING**

(a) Contractor shall maintain accurate records of the expenditure and disposition of funds, and such records must be in accordance with good accounting practices, and made available for inspection and audit by Fulton County at a time mutually agreeable to parties and upon thirty (30) days' notice to contractor.

(b) All reports and communications, with supportive documentation consistent with contract provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

(c) A performance report, with supportive documentation consistent with provisions of the Agreement outlined in Article II, must be provided to Fulton County no later than **July 12, 2024 for the period January 1, 2024-June 30, 2024; and January 10, 2025 for the period July 1, 2024-December 31, 2024.**

(d) Contractor shall be responsible for sending staff representation to mandatory meetings that will be sponsored by the Fulton County Department of Community Development. Contractor will be notified in advance of said meetings.

(e) All notices, program reports and other communications required to be given under this Contract shall be sufficient if in writing and either delivered via e-mail, personally or sent by postage, prepaid, certified or registered United States mail, return receipt requested, or e-mail addressed as follows:

To Fulton County:

**Department of Community Development**  
**c/o: Youth and Community Services Division**  
[hsd.grants@fultoncountyga.gov](mailto:hsd.grants@fultoncountyga.gov)  
**137 Peachtree Street, SW**  
**Atlanta, Georgia 30303**

To Contractor:

**The Salvation Army, A Georgia Corporation**  
**469 Marietta Street, NW**  
**Atlanta, Georgia 30315**

The Parties may only modify or update the above-referenced addresses during the term of this Agreement by providing formal notice to the other party of such a change pursuant to the terms of this provision.

(f) Contractor understands and agrees that, upon Fulton County's determination that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement upon written notice to Contractor. Contractor further understands and agrees that if Fulton County determines that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County may request, and the Contractor shall provide, any and all additional reports, records or documentation Fulton County deems necessary to evaluate, assess and/or measure Contractor's overall level of performance under this Agreement, including Contractor's performance at other delivery sites.

#### **ARTICLE V - INDEMNIFICATION**

Contractor hereby covenants and agrees to indemnify and hold harmless Fulton County, its Commissioners, officers, and employees from all claims, losses, liabilities, damages, deficiencies, demands, judgments, or costs (including without limitation reasonable attorney's fees and legal expenses) suffered or occurred by such party, whether arising in tort, contract, strict liability or otherwise, including without limitation, personal injury, wrongful death or property damage arising in any way from the actions or omissions of Contractor, its directors, officers, employees, agents, successors and assigns in connection with its acceptance, or the performance, or nonperformance of its obligations under this Agreement; provided, however, that nothing herein shall be construed to preclude the Contractor from bringing suit against the County for breach of the terms of this Agreement.

**ARTICLE VI – TERMINATION OF AGREEMENT FOR COUNTY'S CONVENIENCE  
AND FOR CAUSE**

(a) This Agreement is effective on **01/01/2024**, and shall terminate on **12/31/2024**, unless earlier terminated in accordance with the provisions of this Agreement. Notwithstanding termination of the Agreement, Contractor is obligated to fulfill all of its obligations, including its reporting requirements.

(b) Notwithstanding the above provisions, Fulton County may terminate this Agreement for convenience, or Fulton County or the Contractor may terminate this Agreement at any time for any reason by giving written notice of the intent to terminate the Agreement thirty (30) days in advance, by certified mail, return receipt requested, with proper postage prepaid, or by hand delivery, to the other party at the physical address provided herein for notice. The termination shall become effective on the thirtieth (30th) day after the date of such written notice unless the parties otherwise agree in writing. If this Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving compensation for the work satisfactorily performed up to and including the effective date of termination.

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

(d) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have

the right to request repayment in full of all compensation paid to Contractor pursuant to Article III of this agreement. If Fulton County exercises its right under this subsection, Contractor agrees to and shall repay Fulton County all compensation paid to Contractor pursuant to Article III of this Agreement.

(e) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to terminate this Agreement between Fulton County and Contractor without penalty. Contractor acknowledges and agrees that Fulton County's right to terminate includes, but is not limited to, the right to withhold any and all future compensation due to Contractor pursuant to the terms of any and all other agreements between Fulton County and Contractor.

(f) In the event that this Agreement is terminated by Fulton County or Contractor, following Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this Agreement, Contractor agrees that it shall not be eligible to either enter or to apply to enter into future contracts with Fulton County until it has addressed any and all areas of deficiency or non-compliance to Fulton County's satisfaction.

#### **ARTICLE VII - INDEPENDENT CONTRACTOR STATUS**

(a) Nothing contained herein shall be deemed to create any relationship other than that of an independent contractor between Fulton County and Contractor. Under no circumstances shall Contractor, its directors, officers, employees, agents, successors or assigns be deemed employees, agents, partners, successors, assigns or legal representatives of Fulton County.

Contractor acknowledges that **The Salvation Army, A Georgia Corporation**, its directors, officers, employees, agents and assigns shall have no right of redress pursuant to the Personnel Rules and Regulations of Fulton County.

(b) The Contractor shall pay all sales, retail, occupational, service, excise, old age benefit and unemployment compensation taxes, consumer, use and other similar taxes, as well as any other taxes or duties on the materials, equipment, and labor for the work provided by the Contractor which are legally enacted by any municipal, county, state or federal authority, department or agency at the time bids are received, whether or not yet effective. The Contractor shall maintain records pertaining to such taxes as well as payment thereof and shall make the same available to Fulton County at all reasonable times for inspection and copying. The Contractor shall



apply for any and all tax exemptions which may be applicable and shall timely request from Fulton County such documents and information as may be necessary to obtain such tax exemptions. Fulton County shall have no liability to the Contractor for payment of any tax from which it is exempt.

#### **ARTICLE VIII - INSURANCE**

Contractor agrees to obtain, maintain and furnish to Fulton County, a Certificate of Insurance (COI) showing the required coverage during the entire term of this Agreement. All insurance limits are listed in the "Insurance and Risk Management Provisions" document, Attachment "A", with Fulton County, Georgia added as an "Additional Insured". The cancelation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

#### **ARTICLE IX – AMENDMENTS AND MODIFICATIONS TO CONTRACT**

(a) This Agreement constitutes the entire agreement between Fulton County and Contractor, and there are no further written or oral agreements with respect thereto, no variations, amendments or modifications of this Agreement, and no waiver of its provisions, shall be valid unless in writing and signed by Fulton County's and Contractor's duly authorized representatives.

(b) Modifications or amendments which require a change in compensation level must be approved by the Fulton County Board of Commissioners and Contractor; other modifications, amendments or variations may be agreed to in writing, between the Contractor and the Contract Administrator when the amount of this Agreement and its Term remain unchanged.

#### **ARTICLE X - SUBCONTRACTING**

Contractor shall not subcontract any part of the work covered by this Agreement or permit subcontracted work to be further subcontracted without prior written approval of Fulton County.

#### **ARTICLE XI - ASSIGNABILITY**

Contractor shall not assign or subcontract this Agreement or any portion thereof without the prior expressed written consent of Fulton County. Any attempted assignment or subcontracting by Contractor without the prior expressed written consent of Fulton County shall at the County's sole option terminate this Agreement without any notice to Contractor of such termination. Contractor binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

## **ARTICLE XII - SEVERABILITY OF TERMS**

If any part or provision of this Agreement is held invalid the remainder of this Agreement shall not be affected thereby and shall continue in full and effect.

## **ARTICLE XIII – PRECEDENCE OF AGREEMENT**

In the event that any language in the Department of Community Development's Community Services Program RFP is in conflict with the language in this Agreement, this Agreement shall take precedence.

## **ARTICLE XIV - EQUAL EMPLOYMENT OPPORTUNITY**

In accordance with Fulton County Code Sections 102-391 (Equal Opportunity Clause) and 154-3 (Policy of Equal Opportunity): (a): During the performance of this Agreement, the Contractor agrees as follows:

(1) The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, national origin, or disability. As used herein, the words "shall not discriminate" shall mean and include without limitations the following:

Recruited, whether by advertising or other means; compensated, whether in the form of rates of pay, or other forms of compensation; selected for training, including apprenticeship; promoted; upgraded; demoted, downgraded; transferred; laid off; and terminated.

The Contractor agrees to and shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

(2) The Contractor shall in solicitation or advertisement for employees, placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, sexual orientation, national origin, or disability.

(3) The Contractor shall send to each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under the Equal Opportunity Program of Fulton County and under this Article, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The Contractor and its subcontractors, if any, shall file Compliance Reports at reasonable times and intervals with Fulton County in the form and to the extent prescribed by the director. Compliance Reports filed at such times as directed shall contain information as to the employment practices, policies, programs and statistics of the Contractor and its subcontractors.

(5) The Contractor shall include the provisions of paragraphs (1) through of this equal employment opportunity clause and every subcontractor purchase order so that such provision shall be binding upon each subcontractor.

#### **ARTICLE XV - CAPTIONS**

The captions are inserted herein only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Agreement or the intent of the provisions thereof.

#### **ARTICLE XVI - GOVERNING LAW**

This Agreement shall be governed in all respects, as to validity, construction, capacity, and performance or otherwise, by the laws of the State of Georgia.

#### **ARTICLE XVII - JURISDICTION**

This Agreement will be executed and implemented in Fulton County. Further, this Agreement shall be administered and interpreted under the laws of the State of Georgia. Jurisdiction of litigation arising from this Agreement shall be in the Fulton County Superior Courts. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null

and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

Whenever reference is made in the Agreement to standards or codes in accordance with which work is to be performed, the edition or revision of the standards or codes current on the effective date of this Agreement shall apply, unless otherwise expressly stated.

#24RFP013124C-MH  
2024 Consolidated Community Services Program

Purchasing Forms & Instructions

## STATE OF GEORGIA

## COUNTY OF FULTON

### FORM F: GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services<sup>1</sup> under a contract with **[insert name of prime contractor (Agency)]** The Salvation Army, A Georgia Corporation, Red Shield Services 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.

1447552  
EEV/Basic Pilot Program\* User Identification Number

The Salvation Army, A Georgia Corporation, Red Shield Services  
Name of Contractor (Agency)

X   
BY: Authorized Signature of Officer or Agent of Contractor

Georgia Divisional Commander  
Title of Authorized Officer or Agent of Contractor of Contractor

Major Algerome Newsome  
Printed Name of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this 13 day of February, 2024.

Notary Public: Jane A Lee

County: Gwinnett

Commission Expires: 10/3/26

Jane A Lee  
NOTARY PUBLIC  
Gwinnett County, GEORGIA  
My Commission Expires 10/03/2026

<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].

#24RFP013124C-MH  
2024 Consolidated Community Services Program

Purchasing Forms & Instructions

**STATE OF GEORGIA**

**COUNTY OF FULTON**


**FORM G: GEORGIA SECURITY AND IMMIGRATION SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services<sup>3</sup> under a contract with **[insert name of prime contractor (Agency)]** The Salvation Army, A Georgia Corporation, Red Shield Services on behalf of **Fulton County Government** has registered with and is participating in a federal work authorization program\*,<sup>4</sup> in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

1447552

EEV/Basic Pilot Program\* User Identification Number of Subcontractor


The Salvation Army, A Georgia Corporation, Red Shield Services  
Name of Subcontractor (Individual/Agency)

X   
BY: Authorized Signature Officer or Agent of Subcontractor

Georgia Divisional Commander  
Title of Authorized Officer or Agent of Subcontractor

Major Algerome Newsome  
Printed Name of Authorized Officer or Agent of Subcontractor

Sworn to and subscribed before me this 13 day of February, 2024.

Notary Public: 

County: Gwinnett

Commission Expires: 10/3/26

Jane A Lee  
NOTARY PUBLIC  
Gwinnett County, GEORGIA  
My Commission Expires 10/03/2026

<sup>3</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>4</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].



**FORM G: GEORGIA SECURITY AND IMMIGRATION SUBCONTRACTOR AFFIDAVIT****Instructions:**

In the event that your company is awarded the contract for this project and will be utilizing the services of any subcontractor(s) in connection with the physical performance of services pursuant to this contract, the following affidavit must be completed by such subcontractor(s). Your company must provide a copy of each such affidavit to Fulton County Government, Department of Purchasing & Contract Compliance with the proposal submittal.

All subcontractor affidavit(s) shall become a part of the contract and all subcontractor(s) affidavits shall be maintained by your company and available for inspection by Fulton County Government at any time during the term of the contract. All subcontractor(s) affidavit(s) shall become a part of any contractor/subcontractor agreement(s) entered into by your company.

Applicants are required to complete and upload FORM F and FORM G in two (2) places  
FORM F: 2024 Georgia Security and Immigration Contractor Affidavit and Agreement, and as applicable FORM G: 2024 Georgia Security and Immigration Subcontractor Affidavit. Must use templates provided in the RFP. Previous year forms will not be accepted.

**Form F must include name of agency, EEV number, Signature & Notary.**

**If applicable, Form G must include name, EEV number, and Signature of subcontractor.**

**Upload 1**-Via Purchasing Bid page - BidNet Direct:

<https://www.bidnetdirect.com/georgia/fultoncounty>

(Note: You will be required to set up a FREE registration with BidNet Direct to use the upload feature)

**Upload 2** -Via WebGrants under 2024 CCSP Eligibility Requirements:

<https://fulton.dullestech.net>

**To Complete Fillable Form** - Please enter the all required information,

- ✓ Press "TAB" key to navigate easily through the form \*once you enter your Agency name, it will repopulate throughout the form.\*
- ✓ Save as: "Form F Agency Name"
- ✓ Print for Signature and Notary.
- ✓ Scan and upload to WebGrants as directed above in "Upload 1 and Upload 2"



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/09/2024

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).

<b>PRODUCER</b> CHESTERFIELD INSURANCE AGENCY, INC. CHESTERFIELD INSURANCE AGENCY, INC. P.O. BOX 237 GREEN, OH 44232-0237	<b>CONTACT NAME:</b> SEAN O'NEILL <b>PHONE (A/C, No, Ext):</b> (330) 896-7639 X 8123 <b>FAX (A/C, No):</b> 330-896-6548 <b>E-MAIL ADDRESS:</b> SEAN.ONEILL@TPA4TSA.COM
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>NAIC #</b>
	<b>INSURER A:</b> ZURICH AMERICAN INS. CO.      16535
	<b>INSURER B:</b> THE SALVATION ARMY RISK TRUST
	<b>INSURER C:</b> THE SALVATION ARMY, A GA CORP.
	<b>INSURER D:</b> AMERICAN ZURICH INS. CO.      40142
	<b>INSURER E:</b> AIG LEXINGTON      19437
	<b>INSURER F:</b>

**INSURED**

THE SALVATION ARMY, A GEORGIA CORP.  
 1424 NORTHEAST EXPRESSWAY  
 ATLANTA, GA 30329-2088

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		SELF INSURED RETENTION	01/01/24	01/01/25	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		BAP 9300525-22	01/01/24	01/01/25	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B E	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X		TRUST #19578500 62785336 INCL PROFESSIONAL LIAB	01/01/24	01/01/25	EACH OCCURRENCE \$ 7,500,000 AGGREGATE \$ 7,500,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC 9300799-22	01/01/24	01/01/25	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>AUTO LIABILITY EXCESS</b>	X		SELF INSURED RETENTION	01/01/24	01/01/25	\$400,000 XS of \$100,000

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

COVERAGE APPLIES TO THE SALVATION ARMY 469 MARIETTA STREET NW, ATLANTA GA 30313 AS RESPECTS TO FULTON COUNTY FY24 VSP (VETERANS SERVICES PROGRAM) APPLICATION

ADDITIONAL INSURED: FULTON COUNTY GOVERNMENT

**CERTIFICATE HOLDER****CANCELLATION**

FULTON COUNTY GOVERNMENT  
 141 PRYOR STREET 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



INSURED: The Salvation Army,  
 POLICY NUMBER: Self Insured/Trust 1978500  
 Term: 01/01/2024 – 01/01/2025

COMMERCIAL GENERAL LIABILITY  
 CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Fulton County Government 141 Pryor St SW Atlanta, GA 30303-3408
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole

or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/13/2024

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).

<b>PRODUCER</b> CHESTERFIELD INSURANCE AGENCY, INC. CHESTERFIELD INSURANCE AGENCY, INC. P. O. BOX 237 GREEN, OH 44232-0237	<b>CONTACT NAME:</b> SEAN O'NEILL <b>PHONE (A/C, No, Ext):</b> (330) 896-9777 X 8123 <b>FAX (A/C, No):</b> 330-896-6548 <b>E-MAIL ADDRESS:</b> PHIL.FELGENHAUER@TPA4TSA.COM <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : ZURICH AMERICAN INS. CO.</td> <td>16535</td> </tr> <tr> <td>INSURER B : THE SALVATION ARMY RISK TRUST</td> <td></td> </tr> <tr> <td>INSURER C : THE SALVATION ARMY, A GA CORP.</td> <td></td> </tr> <tr> <td>INSURER D : AMERICAN ZURICH INS. CO.</td> <td>40142</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ZURICH AMERICAN INS. CO.	16535	INSURER B : THE SALVATION ARMY RISK TRUST		INSURER C : THE SALVATION ARMY, A GA CORP.		INSURER D : AMERICAN ZURICH INS. CO.	40142	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : ZURICH AMERICAN INS. CO.	16535														
INSURER B : THE SALVATION ARMY RISK TRUST															
INSURER C : THE SALVATION ARMY, A GA CORP.															
INSURER D : AMERICAN ZURICH INS. CO.	40142														
INSURER E :															
INSURER F :															
<b>INSURED</b>  THE SALVATION ARMY, A GEORGIA CORP. 1424 NORTHEAST EXPRESSWAY ATLANTA, GA 30329-2088															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C X	SEXUAL ABUSE	X		SELF INSURED RETENTION	01/01/24	01/01/25	\$ 5,000,000

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

COVERAGE APPLIES TO THE SALVATION ARMY RED SHIELD SERVICES LOCATED AT 469 MARIETTA STREET NW, ATLANTA, GA 30313.

**CERTIFICATE HOLDER****CANCELLATION**

FULTON COUNTY GOVERNMENT  
 141 PRYOR STREET SW  
 ATLANTA, GA 30303

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

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

OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

**The Salvation Army, A Georgia Corporation**  
VENDOR NAME

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

DocuSigned by: Name of Signatory: Major Phil Swyers  
*Phil Swyers*  
1632883E1EBF42D...  
Board of Trustees Asst Treasurer  
Authorized Signature

ATTEST:

ATTEST:

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

Signed by: Name of 2nd Signatory: **W. Lee Auvenshine**  
*W. Lee Auvenshine*  
4CDCB8BC38BF478...  
Board of Trustees Secretary  
Second Authorized Signature

(Affix County Seal)



(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

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

APPROVED AS TO CONTENT:

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

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

ITEM#: _____ RM: _____	ITEM#: 24-0350 2ND RM: 5/15/2024
REGULAR MEETING	SECOND REGULAR MEETING

Certificate Of Completion

Envelope Id: F0E0ABDE516F42B6A497585283699C78		Status: Completed
Subject: Please DocuSign: 2024 CCSP Contract-The Salvation Army, A Georgia Corporation-BOC Agenda#24-0350		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 27	Signatures: 6	Envelope Originator:
Certificate Pages: 7	Initials: 0	Cherie Williams
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		Cherie.Williams@fultoncountyga.gov
		IP Address: 136.55.230.223

Record Tracking

Status: Original	Holder: Cherie Williams	Location: DocuSign
7/3/2024 4:50:47 PM	Cherie.Williams@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events	Signature	Timestamp
---------------	-----------	-----------

Phil Swyers	<div>DocuSigned by:</div> <div>Phil Swyers</div> <div>1632883E1EBF42D...</div>	Sent: 8/1/2024 1:30:41 PM
Phil.Swyers@uss.salvationarmy.org		Viewed: 8/1/2024 1:39:53 PM
Asst Treasurer		Signed: 8/1/2024 1:40:38 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
	Using IP Address: 192.124.23.10	

Electronic Record and Signature Disclosure:  
Accepted: 8/1/2024 1:39:53 PM  
ID: d24450bf-30a9-4476-ae44-81010ffe194d

W. Lee Auvenshine	<div>Signed by:</div> <div>W. Lee Auvenshine</div> <div>4CDBC88BC38BF478...</div>	Sent: 8/1/2024 1:40:40 PM
lee.auvenshine@uss.salvationarmy.org		Resent: 8/8/2024 6:22:47 PM
Security Level: Email, Account Authentication (None)		Resent: 8/23/2024 4:50:35 PM
	Signature Adoption: Pre-selected Style	Resent: 9/18/2024 1:56:43 PM
	Using IP Address: 192.124.23.10	Resent: 9/23/2024 1:18:09 PM
		Viewed: 9/23/2024 3:50:33 PM
		Signed: 9/24/2024 1:06:14 PM

Electronic Record and Signature Disclosure:  
Accepted: 9/23/2024 3:50:33 PM  
ID: 06fc4acb-fb26-4bb4-9b6d-178fb8c132a4

Mark Hawks2	<div>Completed</div>	Sent: 9/24/2024 1:06:16 PM
mark.hawks@fultoncountyga.gov		Viewed: 9/24/2024 4:29:57 PM
Chief Assistant Purchasing Agent		Signed: 9/24/2024 4:30:09 PM
Purchasing and Contract Compliance	Using IP Address: 74.174.59.4	

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	DocuSigned by:  5E4D76DFB4A0450...  Signature Adoption: Pre-selected Style Using IP Address: 107.115.112.28 Signed using mobile	Sent: 9/24/2024 4:30:13 PM Viewed: 9/24/2024 5:27:06 PM Signed: 9/24/2024 5:27:28 PM
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 9/25/2024 10:51:42 AM ID: 3b75f05f-b9ea-4ed9-9343-aea810d5f68e	<b>Completed</b>  Using IP Address: 74.174.59.4	Sent: 9/24/2024 5:27:31 PM Viewed: 9/25/2024 10:51:42 AM Signed: 9/25/2024 2:13:34 PM
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 9/25/2024 2:43:45 PM ID: 8594e790-ab95-43e4-a0e8-020bd637829b	Signed by:  0EC92EDADEFB4B8...  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 9/25/2024 2:13:38 PM Viewed: 9/25/2024 2:43:45 PM Signed: 9/25/2024 2:45:47 PM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	<b>Completed</b>  Using IP Address: 68.208.197.4	Sent: 9/25/2024 2:45:50 PM Viewed: 9/25/2024 3:37:00 PM Signed: 9/25/2024 3:39:40 PM
Robert L. Pitts michael.oconnor@fultoncountyga.gov Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	DocuSigned by:  BA715B1A26544E7...  Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 9/25/2024 3:39:44 PM Viewed: 9/25/2024 3:40:52 PM Signed: 9/25/2024 3:40:52 PM
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	DocuSigned by:  EEC476C4837648D...    Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191	Sent: 9/25/2024 3:40:55 PM Viewed: 9/26/2024 9:06:09 AM Signed: 9/26/2024 9:06:22 AM



Signer Events	Signature	Timestamp
Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>Completed</b>  Using IP Address: 45.20.200.178	Sent: 9/26/2024 9:06:28 AM Viewed: 9/26/2024 2:44:14 PM Signed: 9/26/2024 2:44:19 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: 7/3/2024 5:17:04 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: 7/3/2024 5:17:05 PM Resent: 9/26/2024 2:44:31 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: 7/3/2024 5:17:05 PM
Johanna Wint Johanna.Wint@uss.salvationarmy.org Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 7/16/2024 8:31:42 AM ID: f3794e05-1c36-4583-b1e4-3087c6f9ffbf	<b>COPIED</b>	Sent: 8/1/2024 1:30:43 PM Viewed: 8/5/2024 9:10:15 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 9/26/2024 2:44:26 PM Viewed: 9/26/2024 2:45:53 PM

Carbon Copy Events	Status	Timestamp
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 Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/3/2024 5:17:05 PM
Envelope Updated	Security Checked	7/15/2024 5:45:42 PM
Envelope Updated	Security Checked	7/15/2024 5:45:42 PM
Envelope Updated	Security Checked	9/23/2024 1:18:08 PM
Envelope Updated	Security Checked	9/23/2024 1:18:08 PM
Envelope Updated	Security Checked	9/23/2024 1:18:08 PM
Envelope Updated	Security Checked	9/23/2024 1:18:08 PM
Certified Delivered	Security Checked	9/26/2024 2:44:14 PM
Signing Complete	Security Checked	9/26/2024 2:44:19 PM
Completed	Security Checked	9/26/2024 2:44:26 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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