



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Emergency Management

**BID/RFP# NUMBER:** 23RFP052223C-MH

**BID/RFP# TITLE:** Animal Services

**ORIGINAL APPROVAL DATE:** January 1, 2024

**RENEWAL EFFECTIVE DATES:** January 1, 2026 through December 31, 2026

**RENEWAL OPTION #:** 1 OF 4

**NUMBER OF RENEWAL OPTIONS:** 4

**RENEWAL AMOUNT:** \$7,440,000.00

**COMPANY'S NAME:** Lifeline Animal Project, Inc.

**ADDRESS:** 3180 Presidential Drive

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30340

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC# 25-0987 Date: 12/17/2025

**CERTIFICATE OF INSURANCE:** The Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:**

**FULTON COUNTY, GEORGIA**

*Robert L. Pitts*

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**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

**LIFELINE ANIMAL PROJECT, INC.**

*Rebecca Guinn*

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**Rebecca Guinn**  
**President**

**ATTEST:**

*Tonya R. Grier*

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**Tonya R. Grier**  
**Clerk to the Commission**

(Affix County Seal)



**AUTHORIZATION OF RENEWAL:**

*Joseph Barasoain*

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**Joseph Barasoain, Director**  
**Emergency Management & Homeland**  
**Security Agency**

<b>ITEM#:</b> _____	<b>RM:</b> _____
<b>REGULAR MEETING</b>	

<b>ITEM#:</b> 25-0987	<b>2<sup>ND</sup> RM:</b> 12/17/2025
<b>SECOND REGULAR MEETING</b>	

# **CERTIFICATE OF INSURANCE**





LIFEANI-01

ADAMSC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/5/2025

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 Insurance Office of America 100 Galleria Parkway Suite 600 Atlanta, GA 30339	CONTACT Carol Adams NAME: PHONE (A/C, No.): (770) 250-0190 32025 FAX (A/C, No.): (321) 214-6488 E-MAIL ADDRESS: Carol.Adams@ioausa.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Southlake Specialty Insurance Company 16999 INSURER B : Starstone Specialty Insurance Company 44776 INSURER C : BusinessFirst Insurance Company 11697 INSURER D : Bridgeway Insurance Company 12489 INSURER E : Lloyd's NA INSURER F :
INSURED Lifeline Animal Project Inc P.O. Box 15466 Atlanta, GA 30333	

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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$25,000 Deductible  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:		X	FGGA20006	4/16/2025	4/16/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 0	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							TRIA EXCLUDED	\$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FGGA20006	4/16/2025	4/16/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
							\$		
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ 0			89800Y251ALI	4/16/2025	4/16/2026	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
							TRIA Excluded	\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	52119575	4/16/2025	4/16/2026	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Directors & Officers			8JA7DO0002427-01	4/16/2025	4/16/2026	Aggregate	\$ 1,000,000	
E	Prof. Liability			MEO2223400 25	4/16/2025	4/16/2026	Aggregate	\$ 3,000,000	

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

Contract No: 23RFP052223C- MH, Animal Services

Cyber Liability Policy #AB-6701440-02 - Effective 4/16/2025 - 4/16/2026. Aggregate Limit = \$1,000,000 - At Bay Specialty Insurance Company.

HNOA Policy #FGGA20006 - Effective 4/16/2025 - 4/16/2026. Aggregate Limit = \$1,000,000 - Southlake Specialty Insurance Company.

Blanket Additional Insured applies as respect to General Liability policy per forms CG2011 1219 Managers or Lessors of Premises, CG2018 1219 Mortgagee, Assignee or Receiver, CG2012 1219 State or Governmental Agency or Subdivision or Political Division - Permits or Authorizations per Written Contract. Primary Non-Contributory applies as respect to General Liability policy per form CG2001 0413 per Written Contract. Blanket Waiver of Subrogation applies as respect to General Liability policy per form CG2453 1219 per written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree Street SW Suite 1168 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 

POLICY NUMBER: FGGA20006

COMMERCIAL GENERAL LIABILITY  
CG 20 12 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

##### **State Or Governmental Agency Or Subdivision Or Political Subdivision:**

Any and all agencies as required in written contract with you.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**2. This insurance does not apply to:**

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER: FGGA20006

COMMERCIAL GENERAL LIABILITY  
CG 20 11 12 19**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b> all covered locations
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b> Any and all managers or lessors of a premises you lease or rent as required in written agreement with you.
<b>Additional Premium:</b> \$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. 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 you or those acting on your behalf in connection with the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

POLICY NUMBER: FGGA20006

COMMERCIAL GENERAL LIABILITY  
CG 20 18 12 19**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED –  
MORTGAGEE, ASSIGNEE OR RECEIVER**

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name(s) Of Person(s) Or Organization(s)	Designation Of Premises
any and all mortgagee(s), assignee(s), or receivers as required by written contract with you.	all covered locations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. 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 their liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance or use of the premises by you and shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.**

**C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

COMMERCIAL GENERAL LIABILITY  
CG 20 01 04 13

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1)** The additional insured is a Named Insured under such other insurance; and

- (2)** You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

COMMERCIAL GENERAL LIABILITY  
CG 24 53 12 19

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

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) –  
AUTOMATIC**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

The following is added to Paragraph **8. Transfer Of  
Rights Of Recovery Against Others To Us** of  
**Section IV – Conditions:**

We waive any right of recovery against any person or organization, because of any payment we make under this Coverage Part, to whom the insured has waived its right of recovery in a written contract or agreement. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.

## Certificate Of Completion

Envelope Id: 527E60E6-3D92-4066-B6DB-C59EC8D80889

Status: Completed

Subject: CONTRACT RENEWAL AGREEMENT FORM - LIFELINE 25-0987 12-17-25 23RFP052223C-MH

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 9

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Mark Hawks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 134.231.232.249

## Record Tracking

Status: Original

12/18/2025 7:51:21 AM

Holder: Mark Hawks

Location: DocuSign

Security Appliance Status: Connected

mark.hawks@fultoncountyga.gov

Storage Appliance Status: Connected

Pool: StateLocal

Location: Docusign

## Signer Events

Rebecca Guinn

### Signature



### Timestamp

rguinn@lifelineanimal.org

Sent: 12/18/2025 7:55:44 AM

CEO

Viewed: 12/18/2025 10:34:46 AM

LifeLine Animal Project Inc

Signed: 12/18/2025 10:40:51 AM

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 35.131.184.212

### Electronic Record and Signature Disclosure:

Accepted: 12/18/2025 10:34:46 AM

ID: 7cb3c4db-43d4-41b2-a7b0-ca5590292b41

Joseph Barasoain



Sent: 12/18/2025 10:40:52 AM

joseph.barasoain@fultoncountyga.gov

Resent: 12/19/2025 7:30:03 AM

Deputy Chief

Resent: 12/19/2025 6:13:35 PM

Fulton County Government

Viewed: 12/20/2025 6:39:52 AM

Security Level: Email, Account Authentication (None)

Signed: 12/20/2025 6:40:18 AM

### Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

**Completed**

Sent: 12/20/2025 6:40:20 AM

nikki.peterson@fultoncountyga.gov

Viewed: 12/22/2025 9:16:56 AM

Chief Deputy Clerk to the Board of Commissioners

Signed: 12/22/2025 9:17:29 AM

Fulton County Government

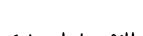
Security Level: Email, Account Authentication (None)

### Electronic Record and Signature Disclosure:

Accepted: 11/27/2017 10:39:37 AM

ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

Robert L. Pitts



Sent: 12/22/2025 9:17:31 AM

harriet.thomas@fultoncountyga.gov

Viewed: 12/22/2025 9:44:05 AM

Chairman

Signed: 12/22/2025 9:44:15 AM

Fulton County

Security Level: Email, Account Authentication (None)

Signature Adoption: Pre-selected Style

Using IP Address: 74.174.59.10

Signer Events	Signature	Timestamp
<b>Electronic Record and Signature Disclosure:</b>		
Accepted: 12/22/2025 9:44:05 AM ID: 542d1253-8730-4b02-88c9-9860343c3da7		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)		
		Sent: 12/22/2025 9:44:16 AM Viewed: 12/22/2025 9:52:12 AM Signed: 12/22/2025 9:52:29 AM
		
Signature Adoption: Uploaded Signature Image Using IP Address: 107.115.108.20 Signed using mobile		
<b>Electronic Record and Signature Disclosure:</b>		
Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
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
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 12/22/2025 9:52:31 AM Viewed: 12/22/2025 9:56:53 AM
<b>Electronic Record and Signature Disclosure:</b>		
Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/18/2025 7:55:44 AM
Certified Delivered	Security Checked	12/22/2025 9:52:12 AM
Signing Complete	Security Checked	12/22/2025 9:52:29 AM
Completed	Security Checked	12/22/2025 9:52:31 AM
Payment Events	Status	Timestamps
<b>Electronic Record and Signature Disclosure</b>		

## **CONSUMER DISCLOSURE**

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

### **Getting paper copies**

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

### **Withdrawing your consent**

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

### **Consequences of changing your mind**

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

### **All notices and disclosures will be sent to you electronically**

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

### **How to contact Carahsoft OBO Fulton County, Georgia:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Fulton County, Georgia**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

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

**Required hardware and software**

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

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.