



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Behavioral Health and Developmental Disabilities

**BID/RFP# NUMBER:** 22RFP038A-CJC(D)

**BID/RFP# TITLE:** Fulton County Behavioral Health Network - Operation and Management of Behavioral Health Crisis Center

**ORIGINAL APPROVAL DATE:** January 10, 2024

**RENEWAL EFFECTIVE DATES:** July 1, 2025 through June 30, 2026

**RENEWAL OPTION #:** 2 of 8

**NUMBER OF RENEWAL OPTIONS:** 8

**RENEWAL AMOUNT:** \$12,620,456.89

**COMPANY'S NAME:** Grady Memorial Hospital d/b/a Grady Health System

**ADDRESS:** 80 Jesse Hill Drive, SE

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30303

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 7/9/2025      BOC NUMBER: 25-0535**

**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**

Signed by:

*Robert L. Pitts*

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

**ATTEST:**

Signed by:

*Tonya R. Grier*

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

**(Affix County Seal)**



**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*LaTrina R. Foster*

**LaTrina Foster, Director**  
**Department of Behavioral Health & Developmental Disabilities**

**GRADY HOSPITAL D/B/A  
GRADY HEALTH SYSTEM**

Signed by:

*John M. Hauptert*

**John M. Hauptert**  
**Chief Executive Officer**

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix Corporate Seal)**

**ATTEST:**

X **Jeanette Susan Dean**

**Notary Public**

**County:** Rockdale

**Commission Expires:** 07/06/2026

**(Affix Notary Seal)**



RCS

X RM

**ITEM#:** \_\_\_\_\_ **RM:** \_\_\_\_\_  
**REGULAR MEETING**

**ITEM#:** 25-0535 **2ND RM**  
**SECOND REGULAR MEETING**



Certificate of Insurance



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/22/2025

**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).**

<b>PRODUCER</b> Willis (Bermuda) Limited Wellesley House, 2nd Floor 90 Pitts Bay Road Pembroke, HM08 BMU	<b>CONTACT</b> NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
<b>INSURED</b> Grady Health System 80 Jesse Hill Jr. Dr. SE PO Box 26035 Atlanta, GA 30303	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: XL Bermuda Ltd</td> <td>D5514</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></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: XL Bermuda Ltd	D5514	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER A: XL Bermuda Ltd	D5514														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

**CERTIFICATE NUMBER: W39856616**
**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 <input type="checkbox"/> 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 <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Liability			BM00040657LI24A	11/15/2024	11/15/2025	Each Occurrence \$10,000,000 Aggregate \$10,000,000

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

SEE ATTACHED

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 28130871

BATCH: 4054290

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis (Bermuda) Limited		NAMED INSURED Grady Health System 80 Jesse Hill Jr. Dr. SE PO Box 26035 Atlanta, GA 30303	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Umbrella is excess of Self-Insured Retention of: \$5,000,000 Per Occurrence General Liability \$7,500,000 Per Claim  
Professional Liability \$40,000,000 Aggregate

SEE US CERTIFICATE OF INSURANCE FOR ADDITIONAL EXCESS LAYERS

Bermuda Excess Liability Carriers:  
Allied World Assurance Company, Ltd. - 11/15/2024-11/15/2025 - C090398/002  
Limits: \$5,000,000 p/o \$25,000,000 excess of \$20,000,000

Allied World Assurance Company, Ltd. - 11/15/2024-11/15/2025 - C057708/006  
Limits: \$5,000,000 p/o \$10,000,000 excess of \$85,000,000

Liberty Specialty Markets Agency Limited - 11/15/2024-11/15/2025 - LSMAHC457255A01  
Limits: \$5,000,000 p/o \$10,000,000 excess of \$85,000,000



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**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> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
<b>INSURED</b> Grady Health System 80 Jesse Hill Jr. Dr. SE PO Box 26035 Atlanta, GA 30303	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Lloyds Syndicate 2987</td> <td>C0978</td> </tr> <tr> <td>INSURER B: Lloyd's Syndicate 1084</td> <td>B0470</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></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: Lloyds Syndicate 2987	C0978	INSURER B: Lloyd's Syndicate 1084	B0470	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Lloyd's Syndicate 1084	B0470														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

## COVERAGES

**CERTIFICATE NUMBER: W39856617**
**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 <input type="checkbox"/> 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) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			51547P24	11/15/2024	11/15/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	2nd Excess Umb - Quota Share \$10,000,000 part of \$25,000,000			51552P24	11/15/2024	11/15/2025	Each Claim \$10,000,000 Aggregate \$10,000,000

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

Umbrella is excess of Self-Insured Retention of: \$5,000,000 Per Occurrence General Liability \$7,500,000 Per Claim Professional Liability \$40,000,000 Aggregate.

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ACORD 25 (2016/03)

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SR ID: 28130871

BATCH: 4054290

**SEE BERMUDA CERTIFICATE OF INSURANCE FOR ADDITIONAL EXCESS LAYERS**

**Excess Liability Carriers:**

Carrier: BRT London

Term: 11/15/2024-11/15/2025

Policy Number: 51547P24

Limits: \$10,000,000 p/o \$20,000,000 Lead Excess

Carrier: Liberty Mutual Insurance Europe SE

Term: 11/15/2024-11/15/2025

Policy Number: 51547P24

Limits: \$3,854,120 p/o \$20,000,000 Lead Excess

Carrier: Lloyd's Syndicate 1975 (Coverys)

Term: 11/15/2024-11/15/2025

Policy Number: 51547P24

Limits: \$1,548,240 p/o \$20,000,000 Lead Excess

Carrier: Hamilton Insurance DAC

Term: 11/15/2024-11/15/2025

Policy Number: 51547P24

Limits: \$774,120 p/o \$20,000,000 Lead Excess

## Certificate Of Completion

Envelope Id: 7E5DB3AA-0F2B-409B-91B7-AD26AF92AB3A

Status: Completed

Subject: 22RFP038A-CJC(D), Fulton County Behavioral Health Network - Grady Memorial Hospital

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 6

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Brian Jones

AutoNav: Enabled

Stamps: 2

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US &

Atlanta, GA 30303

Canada)

brian.jones@fultoncountyga.gov

IP Address: 2600:387:f:211:

## Record Tracking

Status: Original

Holder: Brian Jones

Location: DocuSign

7/18/2025 12:23:20 PM

brian.jones@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

## Signer Events

### Signature

### Timestamp

John Hauptert

jhauptert@gmh.edu

President and CEO

Grady Health System

Security Level: Email, Account Authentication  
(None)

Signed by:

*John Hauptert*  
0CD774BFA13C4E9...

Sent: 7/18/2025 12:50:58 PM

Viewed: 7/22/2025 1:33:25 PM

Signed: 7/24/2025 9:33:33 AM

Signature Adoption: Pre-selected Style

Using IP Address: 138.33.99.12

## Electronic Record and Signature Disclosure:

Accepted: 7/22/2025 1:33:25 PM

ID: ea668020-384f-4dba-bdb9-bd25bb3c6e5c

Jeanette Susan Dean

jdean@gmh.edu

Security Level: Email, Account Authentication  
(None)

**Signed**



Sent: 7/24/2025 9:33:35 AM

Viewed: 7/24/2025 9:45:38 AM

Signed: 7/24/2025 10:17:05 AM

Using IP Address: 138.33.33.1

## Electronic Record and Signature Disclosure:

Accepted: 7/24/2025 9:45:38 AM

ID: 1fa22e43-aa8b-4cf5-85cf-814ba48ba7af

LaTrina R. Foster

LaTrina.Foster@fultoncountyga.gov

BHDD Director

Fulton County Government

Security Level: Email, Account Authentication  
(None)

DocuSigned by:

*LaTrina R. Foster*  
F89646A7B011429...

Sent: 7/24/2025 12:07:55 PM

Viewed: 7/24/2025 12:08:33 PM

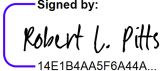


Signed: 7/24/2025 12:10:12 PM

Signature Adoption: Pre-selected Style

Using IP Address: 69.221.248.78

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signer Events	Signature	Timestamp
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p><b>Completed</b></p> <p>Using IP Address: 66.56.23.82</p>	<p>Sent: 7/24/2025 12:10:13 PM Viewed: 7/24/2025 1:20:23 PM Signed: 7/24/2025 1:24:04 PM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 7/24/2025 1:24:55 PM ID: de5e60e2-fd30-4987-8f78-6b84922e4fe2</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 2600:387:2:824::36 Signed using mobile</p>	<p>Sent: 7/24/2025 1:24:06 PM Viewed: 7/24/2025 1:24:55 PM Signed: 7/24/2025 1:25:06 PM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>Signed by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191</p>	<p>Sent: 7/24/2025 1:25:08 PM Viewed: 7/24/2025 1:27:45 PM Signed: 7/24/2025 1:28:23 PM</p>
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
<p>Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><b>VIEWED</b></p> <p>Using IP Address: 104.58.104.204</p>	<p>Sent: 7/24/2025 10:17:07 AM Viewed: 7/24/2025 12:07:55 PM</p>
Carbon Copy Events	Status	Timestamp
<p>Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b></p>	<p><b>COPIED</b></p>	<p>Sent: 7/24/2025 1:28:25 PM Viewed: 7/24/2025 2:31:02 PM</p>



Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/18/2025 12:50:58 PM
Certified Delivered	Security Checked	7/24/2025 1:27:45 PM
Signing Complete	Security Checked	7/24/2025 1:28:23 PM
Completed	Security Checked	7/24/2025 1:28:25 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **CONSUMER DISCLOSURE**

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

### **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**

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

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