



**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 **HOSEA FEED THE HUNGRY AND HOMELESS, INC.** (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: Economic Stability/Poverty

CCSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Emergency Financial Assistance inclusive of Rental and Mortgage assistance as well as Utility assistance

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Veterans Services: Not Applicable

HOSEA FEED THE HUNGRY AND HOMELESS, INC., Homeless Prevention and Food Assistance 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):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Hosea Helps Headquarters	2545 Forrest Hills Drive SW	Atlanta	GA	30315-8122	4	1,2,3,4,5,6

Approach and Design:

HOSEA FEED THE HUNGRY AND HOMELESS, INC., Homeless Prevention and Food Assistance Program will provide services to **168** clients that reside in Fulton County, with CCSP funding.

HOSEA FEED THE HUNGRY AND HOMELESS, INC., will provide the following activities and services in Fulton County with CCSP funding:

Our approach to addressing the homelessness prevention needs of our community is by being proactive and engaging in the community to identify the barriers to sustainable housing for the working poor and helping our clients to address

these barriers and remove them from their pathway to success. For over 50 years, Hosea Feed the Hungry has not only stood as a symbol of hope for those who have fallen in our communities, but have also demonstrated a structured commitment to serving those in need and mobilizing volunteers and developing partnerships for a joint community effort in stabilizing the individuals and families we serve.

We operate our Homeless Prevention and Food Assistance program on a year-round basis. About 95% of the clients that we serve reside in Fulton, Clayton, and Dekalb counties, which are three of the top counties in Georgia with homelessness. Our services are open to all Fulton County residents and those that seek to reside in Fulton County through Rapid Rehousing. Our Homelessness Prevention and Food Assistance Program provides homelessness prevention assistance to households that would otherwise become homeless and provided rapid re-housing assistance to persons who are homeless as defined by section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

In order to be eligible for assistance, the individual or family needs to demonstrate that they are at-risk of homelessness without the assistance, and must demonstrate and document that they meet the following minimum criteria:

1. They must come into our office for an initial consultation with our case manager who can determine the appropriate type of assistance to meet their needs.
2. The household must be at or below 50 percent of Area Median Income (AMI).
3. The household must be either homeless or at risk of losing its housing and meeting both of the following circumstances: 1) No appropriate subsequent housing options have been identified; and 2) The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.

Our Homelessness prevention targets individuals and families who, without assistance, would lose their current housing, while rapid re-housing is aimed to quickly assist individuals and families who were already homeless and living in emergency shelters or on the streets find affordable housing. We will use the grant funds for the following:

1. Financial assistance, which includes: mortgage or rental assistance (up to 3 months); security and utility deposits; utility payments (up to 3 months); moving costs, such as truck rental, hiring a moving company, or short-term storage fees; and motel and hotel vouchers (up to 30 days if no appropriate shelter beds available and subsequent rental housing has been identified, but is not immediately available for move-in by the program participants).
2. Housing relocation and stabilization services, which include: case management; outreach and engagement; housing search and placement; credit counseling; as well as data collection and evaluation.

Our homeless prevention and stabilization services serve a number of functions. Hosea Feed the Hungry case workers help clients negotiate with landlords to prevent eviction; understand their income and expenditures so they can bring them into line and leave enough funds for housing; identify and access resources that would supplement HPRP rental assistance; and enrollment or recertification in the SNAP. For households receiving longer-term assistance, caseworkers also work with them to develop case plans that would move them closer to housing stability, monitor progress, adjust the plan as needed, and have the responsibility of making a recommendation to continue or stop financial assistance at monthly recertification intervals of 30-60-90 days.

Once a client has met our eligibility criteria and provided all required documentation, such as rental lease, a notice of eviction, disconnection notices on utility bills, proof of employment through recent pay stubs, we open up a case file and enter that client into our database. We verify the median rental rate in the area to determine if our client is paying a fair rent amount for the size of the unit. We will then provide letters of commitment to landlords and utility companies for the

promise of payment of rent and/or utilities. We inform our clients and the landlord of the financial assistance process and the amount of time it takes to receive the funds.

During the client verification process, our clients will have the opportunity to attend 3 basic workshops or training: 1) CredAbility Counseling which is a confidential budget and credit counseling session with a certified CredAbility counselor. It is provided to clients in both English and Spanish; 2) Benefits Planning, which aids in getting access to a variety of public benefits including food stamps, healthcare, transportation, childcare, and tuition/fee assistance for at-risk college students; and 3) Eating on a Budget Workshop which teaches skills to budget during difficult times. Based on their case management plan, we also refer them to our collaborative partners to receive more specialized assistance based on their needs.

Overall our approach and design to our program is to connect families and individuals experiencing homelessness to permanent housing solutions through a tailored package of assistance that includes the use of time-limited financial assistance and targeted supportive services. Our goal is to enable them to achieve housing stability in the long term. This program addresses three (3) of the "Health & Human Services" Strategic Objectives:

1. Prevent health disparities by educating residents and connecting them to available resources:

Percentage of residents who experience food insecurity – We will provide all participants in the program with nutritious Food Boxes that feed a family of four for at least 7 days on average. We will also provide them with fresh fruits and vegetables and water. We are also an authorized SNAP agency and will screen all program participants for Food Stamp Benefits.

2. Prevent health disparities by educating residents and connecting them to available resources:

Number of uninsured adults and children – We will also screen clients for Medicaid, PeachCare for Kids, and Medicare in an effort to decrease the number of uninsured Fulton County residents.

3. Support the vulnerable residents in our social services:

Number of people who receive permanent supportive housing and support services – We will provide residents with financial assistance through our Homeless Prevention program that will assist with housing support.

This program addresses two (2) of the CSP Funding Priorities:

1. Economic Stability/Poverty - Emergency Financial Assistance inclusive of Rental and Mortgage assistance, as well as Utility assistance.

2. Homelessness - Rapid Re-Housing. These activities are designed to move homeless people quickly to permanent housing through housing relocation and stabilization services and short- and/or medium-term rental assistance.

Our community collaborative partners are United Way, Urban League of Greater Atlanta, Gateway, and Salvation Army to refer clients who have needs outside of our current scope of services. We partner with numerous low-income apartment complexes in Fulton County (Atlanta, East Point, and College Park). They are able to refer their tenants who are falling into eviction and we are able to refer clients who need stabilized housing. We partner with the Georgia Department of Labor to provide employment seminars and with Temporary Employment Placement Agencies to place our clients on job sites immediately. We partner with United Healthcare, Grady Health System, WellCare, and Morehouse School of Medicine to provide medical screenings and exams to individuals and families in need of these services.

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.

Cost Category	Designation of CCSP Funding Award
Administrative (5% Admin max of funds awarded.)	\$2,500.00
Operational	\$2,210.00
Direct Services	\$45,290.00
<i>Total</i>	\$50,000.00

Explanation of Funding Details:

The total budget for the Homeless Prevention and Food Assistance Program is \$691,033.12. We were awarded \$50,000 (of the requested \$100,000) from the Fulton County Community Services Program, which is 7.24% of the total program expenses.

- Administrative Costs = \$2,500.00 (Accounting & Grants Management)
- Operational Costs = \$2,210.00 (Warehouse and Office Space)
- Direct Services Costs = \$45,290.00 Rent Assistance (\$18,000), Utilities Assistance (\$4,000), Food Boxes (\$2,750), Case Manager #1 (\$10,920.00), Case Manager #2 (\$9,620.00)

Program Performance Measures:

HOSEA FEED THE HUNGRY AND HOMELESS, INC. agrees to track and report program performance to the Fulton County Department of Community Development.

County Defined Performance Measure(s):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Number of individuals receiving Emergency Financial Assistance

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Veterans Services: Not Applicable

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

Our Program will address the following County Defined Performance Measure:

Economic Stability/Poverty - The number of individuals receiving Emergency Financial Assistance.

During the Contract Period, we have the following Anticipated Project Outcomes:

1. Prevent homelessness in 10 families through rent assistance.
2. Stabilize 8 homes through utility assistance.
3. Provide 50 low-income households with supplemental food packages every week (150 food boxes will be purchased with CSP funds).
4. Provide low-income communities with opportunities throughout the year to receive free basic needs items.
5. Provide access to the SNAP Program and other public benefits to 1,000 individuals.

Major Milestones:

- **January – March:** Weekly Food Distribution Events, 250 Individuals Access to Public Benefits
- **April – June:** 5 Rent Assistance, 4 Utility Assistance, Weekly Food Distribution Events, 250 Individuals Access to Public Benefits
- **July – September:** 5 Rent Assistance, 4 Utility Assistance, Weekly Food Distribution Events, 250 Individuals Access to Public Benefits
- **October – December:** Weekly Food Distribution Events, 250 Individuals Access to Public Benefits

Each of our clients goes through our intake process (detailed in the Approach and Design section). We complete a full assessment on each household and offer services and referrals based on the need, providing a "wrap-around service" experience for all of our clients. We keep the completed applications and paperwork on file and we track all of our client information in our online database. We obtain household information such as the number of residents in the household, ages, income levels, race, genders, education levels, City/County, barriers, expenses, and more.

We also complete a monthly Beneficiary Reporting Form that counts the categories of people receiving assistance such as Veterans, Elderly, Disabled, etc., and the status of where they are in the prevention process such as "In Prevention", "Re-Housing" or "Shelter/Services". All of the data that we collect is manual data that is kept in each client folder. Then the data is entered into our database and monthly and quarterly performance measure reports are completed.

Agency Defined Performance Measure(s):

In addition, we will report on the performance measures:

1. The number of individuals and families who earn a living wage.
2. The number of individuals who are stable in supportive housing followed by uninterrupted movement into affordable permanent housing.
3. The number of instances in which homelessness was prevented due to financial assistance received.

Our intake form also collects measurable data that allows us to determine what referrals and community partnerships to establish to better assist our clients.

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 31st 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
137 Peachtree Street, SW
Atlanta, Georgia 30303

To Contractor:

HOSEA FEED THE HUNGRY AND HOMELESS, INC.
2545 Forrest Hills Drive, SW
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 **HOSEA FEED THE HUNGRY AND HOMELESS, INC.**, 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 services¹ under a contract with **[insert name of prime contractor (Agency)]** Hosea Feed the Hungry and Homeless, Inc. on behalf of **Fulton County Government** has registered with and is participating in a federal work authorization program*,² 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.

1356168

EEV/Basic Pilot Program* User Identification Number

Hosea Feed the Hungry and Homeless, Inc.

Name of Contractor (Agency)



BY: Authorized Signature of Officer or Agent of Contractor

Grants Manager

Title of Authorized Officer or Agent of Contractor of Contractor

Tara Omilami

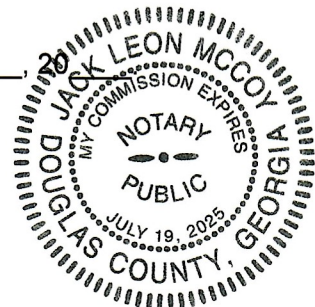
Printed Name of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this 26 day of February

Notary Public: 

County: United States, Douglas county

Commission Expires: July 19 2025



¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].

STATE OF GEORGIA

COUNTY OF FULTON

FORM 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 services³ under a contract with **[insert name of prime contractor (Agency)]** Hosea Feed the Hungry and Homeless, Inc. on behalf of **Fulton County Government** has registered with and is participating in a federal work authorization program*,⁴ in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

N/A

EEV/Basic Pilot Program* User Identification Number of Subcontractor

N/A

Name of Subcontractor (Individual/Agency)

N/A

BY: Authorized Signature Officer or Agent of Subcontractor

N/A

Title of Authorized Officer or Agent of Subcontractor

N/A

Printed Name of Authorized Officer or Agent of Subcontractor

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____

County: _____

Commission Expires: _____

³O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that “physical performance of services” means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

⁴*[Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603].



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2023

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 Associates Atlanta 1030 Remington Drive Conyers GA 30094	CONTACT NAME: Sheria Mathis PHONE (A/C, No, Ext): (770) 483-0310 FAX (A/C, No): (770) 483-2315 E-MAIL ADDRESS: Support@insurance-iaa.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: United States Liability Insurance Company	
INSURER B: Progressive Mountain Ins Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL23111702149 **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	Y		NPP1603482B	06/01/2023	06/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Included
B	AUTOMOBILE LIABILITY			948807518	05/03/2023	05/03/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							EFTD \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XL 1609134C	10/23/2023	10/23/2024	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	DIRECTORS & OFFICERS			NPP1101392O	11/04/2023	11/04/2024	EACH OCCURENCE 1,000,000 AGGREGATE 1,000,000

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

OPERATIONS: Non-Profit Organization (Social Services)

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government - Purchasing Department
 130 Peachtree Street, S.W.
 Suite 1168
 Atlanta GA 30303-3459

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

Sheria D. Mathis

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DATE (MM/DD/YYYY)

6/4/2024

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE ASSOCIATES ATLANTA, LLC. 1030 Remington Drive Conyers, GA 30094	CONTACT NAME	
	PHONE (A/C No, Ext):	FAX (A/C No):
	EMAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED HOSEA FEED THE HUNGRY AND HOMELESS 2545 FORREST HILL DR. SW ATLANTA, GA 30317	INSURER A: United States Liability Insurance Company	25895
	INSUREB B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; align-items: center;"> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NPP1603482C	06/01/2024	06/01/2025	<div>EACH OCCURRENCE \$1,000,000</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000</div> <div>MED EXP (Any one person) \$5,000</div> <div>PERSONAL & ADV INJURY \$1,000,000</div> <div>GENERAL AGGREGATE \$2,000,000</div> <div>PRODUCTS-COMP/OP AGG Included</div> <div>\$</div>
	AUTOMOBILIE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </div> </div>						<div>COMBINED SINGLE LIMIT (Ea accident) \$</div> <div>BODILY INJURY (Per person) \$</div> <div>BODILY INJURY (Per accident) \$</div> <div>PROPERTY DAMAGE (Per accident) \$</div> <div>\$</div>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						<div>EACH OCCURRENCE \$</div> <div>AGGREGATE \$</div> <div>\$</div>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					<div>WC STATU-TORY LIMITS OTH-ER</div> <div>E.L. EACH ACCIDENT \$</div> <div>E.L. DISEASE-EA EMPLOYEE \$</div> <div>E.L. DISEASE-POLICY LIMIT \$</div>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)	
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Fulton County Government - Purchasing Department is an additional insured per CG 20 26 04 13 Fulton County Government - Purchasing Department is an additional insured per L 776 (10-13)

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government - Purchasing Department
130 Peachtree Street, S.W.
Suite 1168
Atlanta, GA 30303-3459

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

ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE ASSOCIATES ATLANTA, LLC. 1030 Remington Drive Conyers, GA 30094	CONTACT NAME		
	PHONE (A/C No, Ext):	FAX (A/C No):	
	EMAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURED HOSEA FEED THE HUNGRY AND HOMELESS 2545 FORREST HILLS DR SW ATLANTA, GA 30317		
		INSURER A: United States Liability Insurance Company	25895
		INSUREB B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ \$
	AUTOMOBILIE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XL 1609134C	10/23/2023	10/23/2024	EACH OCCURENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

OPERATIONS: Non-profit Social Services

CERTIFICATE HOLDER

Fulton County Government - Purchasing Department
 130 Peachtree Street, S.W.
 Suite 1168
 Atlanta, GA 30303-3459

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mary Storti c/o Paychex Insurance Agency, Inc. 225 Kenneth Drive, Rochester, NY 14623	CONTACT NAME: PHONE (A/C, No, Ext): (888) 627-4735		FAX (A/C, No):
	E-MAIL ADDRESS: PEO_WorkComp@paychex.com		
INSURED Paychex PEO Holdings, LLC Labor Contractor, for co-employees of: HOSEA FEED THE HUNGRY AND THE HOMELESS 911 Panorama Trail South Rochester NY 14625	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: American Zurich Insurance Company		40142
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 20144749

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <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 \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 14-14-440-02	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				Location Coverage Period:	06/01/2024	06/01/2025	Client# 724069-1

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

Coverage is provided for only those co-employees of, but not subcontractors to: HOSEA FEED THE HUNGRY AND THE HOMELESS, 2545 FORREST HILLS DR SW, ATLANTA GA 30315

CERTIFICATE HOLDER

HOSEA FEED THE HUNGRY AND THE HOMELESS
 2545 FORREST HILLS DR SW
 ATLANTA GA 30315

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Mary P Storti

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ACORD 25 (2016/03)

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INSURANCE ASSOCIATES
1030 REMINGTON DR
CONYERS, GA 30094

Named insured

Hosea Feed The Hungry And Homeless, Inc.
Hosea Helps
2545 FORREST HILLS DR SW
ATLANTA, GA 30317

Policy number: 948807518

Underwritten by:
Progressive Mountain Insurance Co
March 15, 2024
Policy Period: May 3, 2024 - May 3, 2025
Page 1 of 3

agent.progressive.com
Online Service

Make payments, check billing activity, print
policy documents, update your policy or
check the status of a claim.

1-770-483-0310

INSURANCE ASSOCIATES

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 3, 2024.

Your coverage begins on May 3, 2024 at 12:01 a.m. This policy expires on May 3, 2025 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852GA (02/19), 4757GA (02/19), 4852GA (02/19), 4881GA (02/19), Z228 (01/11) and A274GA (02/19).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$120,704
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist - Added On			4,881
Bodily Injury and Property Damage	\$1,000,000 combined single limit		
Deductible Applies To Property Damage		\$500	
Medical Payments	\$5,000 each person		1,144
Comprehensive			3,242
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			9,415
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$139,386
Discount if paid in full			-22015
Total 12 month policy premium if paid in full			\$124,710

Rated drivers

1. Kenneth Lee
2. Earl M Coefield
3. Deaundray Reid
4. Danelle P Billings
5. Tara N Omilami

6. Awodele Omilami

Auto coverage schedule

1. **2000 INTERNATIONAL 4000** Stated Amount: * \$25,000 (including Permanently Attached Equip)
 VIN: **1HTSCAAM3YH315401** Garaging Zip Code: 30317 Radius: 200 miles
 Personal use: N Body type: Box Truck

Liability Premium	Liability Premium	UM-Add Premium	Med Pay Premium	
	\$15481	\$819	\$156	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$396	\$500	\$1145
				Auto Total
				\$17,997

2. **2009 HINO 258/268** Stated Amount: * \$21,000 (including Permanently Attached Equip)
 VIN: **5PVNJ8JT492S52149** Garaging Zip Code: 30315 Radius: 200 miles
 Personal use: N Body type: Delivery / Step Van

Liability Premium	Liability Premium	UM-Add Premium	Med Pay Premium	
	\$17189	\$994	\$176	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$339	\$500	\$603
				Auto Total
				\$19,301

3. **2017 FORD TRANSIT** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: **1FBAX2CG5HKA34766** Garaging Zip Code: 30315 Radius: 200 miles
 Personal use: N Body type: Mini Van

Liability Premium	Liability Premium	UM-Add Premium	Med Pay Premium	
	\$22399	\$1279	\$348	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$451	\$500	\$1986
				Auto Total
				\$26,463

4. **2013 FREIGHTLINER M2** Stated Amount: * \$25,000 (including Permanently Attached Equip)
 VIN: **1FVACWDTXDHFH6126** Garaging Zip Code: 30315 Radius: 200 miles
 Personal use: N Body type: Refrigerated Box Truck

Liability Premium	Liability Premium	UM-Add Premium	Med Pay Premium	
	\$25320	\$795	\$182	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$576	\$500	\$1483
				Auto Total
				\$28,356

5. **2023 CHEVROLET SILVERADO** Stated Amount: * \$58,145 (including Permanently Attached Equip)
 VIN: **2GCUDEED5P1122589** Garaging Zip Code: 30315 Radius: 200 miles
 Personal use: Y Body type: Pickup Truck

Liability Premium	Liability Premium	UM-Add Premium	Med Pay Premium	
	\$40315	\$994	\$282	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium
	\$500	\$1480	\$500	\$4198
				Auto Total
				\$47,269

PGULA09T 002130 010 C 007 002

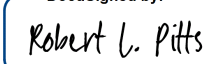
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.


OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA



VENDOR NAME **Hosea Feed the Hungry and Homeless, Inc.**

DocuSigned by:

BA715B1A26544E7
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Signed by: Name of Signatory: Awodele Omilami

F27B4FD6AD184C7... CEO
Authorized Signature

ATTEST:

ATTEST:

DocuSigned by:

EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission
(Affix County Seal) 

DocuSigned by: Name of 2nd Signatory: **Tara Omilami**


F533B8E10FB8479... Title of 2nd Signatory: **Grants Manager**
Second Authorized Signature
(Affix Corporate Seal, if applicable) 

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

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

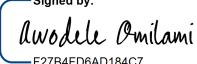
Certificate Of Completion

Envelope Id: 87562BD443E64F1D9C1F345301203229		Status: Completed
Subject: Please DocuSign: 2024 CCSP Contract-Hosea Feed The Hungry and Homeless, Inc.-BOC Agenda#24-0350		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 29	Signatures: 6	Envelope Originator:
Certificate Pages: 7	Initials: 0	Cherie Williams
AutoNav: Enabled	Stamps: 2	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
7/31/2024 10:30:10 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
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Awodele Omilami	<div>Signed by:  F27B4FD6AD184C7...</div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 71.204.48.231</div>	Sent: 7/31/2024 10:34:56 PM
domilami@4hosea.org		Resent: 8/7/2024 10:45:17 AM
Executive Director		Viewed: 8/8/2024 5:57:56 PM
Security Level: Email, Account Authentication (None)		Signed: 8/8/2024 5:58:34 PM

Electronic Record and Signature Disclosure:
Accepted: 8/8/2024 5:57:56 PM
ID: b4e1232b-2876-4040-9694-9a142697d5e5

Tara N. Omilami	<div>DocuSigned by:  E533B8E10FB8479...</div> <div></div> <div>Signature Adoption: Uploaded Signature Image</div> <div>Using IP Address: 71.204.48.231</div>	Sent: 8/8/2024 5:58:38 PM
tomilami@4hosea.org		Viewed: 8/8/2024 6:14:09 PM
Security Level: Email, Account Authentication (None)		Signed: 8/8/2024 6:15:12 PM

Electronic Record and Signature Disclosure:
Accepted: 5/25/2021 3:07:26 PM
ID: b8a50aa6-fb72-4272-b7bc-c9fd5a8202a9

Mark Hawks2	<div>Completed</div> <div>Using IP Address: 45.20.200.178</div>	Sent: 8/8/2024 6:15:17 PM
mark.hawks@fultoncountyga.gov		Viewed: 8/9/2024 10:26:44 AM
Chief Assistant Purchasing Agent		Signed: 8/9/2024 10:27:11 AM
Purchasing and Contract Compliance		

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)	DocuSigned by:  5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 76.209.103.30	Sent: 8/9/2024 10:27:16 AM Viewed: 8/9/2024 10:41:24 AM Signed: 8/9/2024 10:41:30 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 8/9/2024 10:41:34 AM Resent: 8/13/2024 12:55:00 PM Viewed: 8/14/2024 10:37:12 AM Signed: 8/14/2024 10:39:08 AM
Electronic Record and Signature Disclosure: Accepted: 8/14/2024 10:37:12 AM ID: 9b9f19a2-2273-48b9-896b-023b84009e4b		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 8/14/2024 10:39:12 AM Viewed: 8/14/2024 10:39:53 AM Signed: 8/14/2024 10:41:28 AM
Electronic Record and Signature Disclosure: Accepted: 8/14/2024 10:39:52 AM ID: ba7a8d01-1bd8-40a2-81bc-c9219d6fcfc4		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 68.208.197.4	Sent: 8/14/2024 10:41:34 AM Viewed: 8/14/2024 2:42:22 PM Signed: 8/14/2024 2:42:41 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Security Level: Email, Account Authentication (None)	DocuSigned by:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 8/14/2024 2:42:46 PM Viewed: 8/14/2024 2:44:03 PM Signed: 8/14/2024 2:44:08 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  EEC476C4837648D...  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 8/14/2024 2:44:12 PM Viewed: 8/14/2024 2:53:01 PM Signed: 8/14/2024 2:53:10 PM
Electronic Record and Signature Disclosure:		

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) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 8/14/2024 2:53:15 PM Viewed: 8/14/2024 4:17:21 PM Signed: 8/14/2024 4:17:32 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) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/31/2024 10:34:54 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/31/2024 10:34:55 PM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/31/2024 10:34:56 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 8/14/2024 4:17:37 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/31/2024 10:34:55 PM
Certified Delivered	Security Checked	8/14/2024 4:17:21 PM
Signing Complete	Security Checked	8/14/2024 4:17:32 PM
Completed	Security Checked	8/14/2024 4:17:37 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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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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