



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Senior Services

BID/RFP# NUMBER: 22RFP035A-CJC

BID/RFP# TITLE: 22RFP035A-CJC, Aging Services

ORIGINAL APPROVAL DATE: December 21, 2022

RENEWAL EFFECTIVE DATES: January 1, 2025 through December 31, 2025

RENEWAL OPTION #: 2 OF 4

NUMBER OF RENEWAL OPTIONS: 2 renewal options remain

RENEWAL AMOUNT: \$1,469,171.63

COMPANY'S NAME: South Fulton Senior Services, Inc.

ADDRESS: 3680 College Park

CITY: College Park

STATE: GA

ZIP: 30337

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0742

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

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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

FULTON COUNTY, GEORGIA

Signed by:

14E1B4A3F0A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

EEC476C4037048D...
Tonya R. Grier
Interim Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:


F38283B77B1A4C2...
Ladisa Onyiliogwu, Director
Department of Senior Services

SOUTH FULTON SENIOR SERVICES, INC.

Signed by:

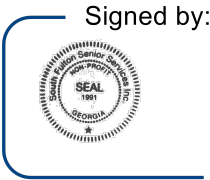
88E2B6741963472...
Pier Holder
Executive Director

ATTEST:

Signed by:

E62C1FDC579D4CD...
Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:



Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: 24-0742	RM: 11/6/2024	ITEM#: _____	2nd RM: _____
REGULAR MEETING		SECOND MEETING	

DATE {MM/DD/YYYY}

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 Gillman Insurance Problem Solvers 11175 Cicero Drive Building 200, Suite 575 Alpharetta GA 30022		CONTACT NAME: Eric Whitt PHONE (A/C, No, Ext): (678) 297-7977 E-MAIL ADDRESS: eric@gillmanins.com FAX (A/C, No): (678) 297-9575	
INSURED South Fulton Senior Services, Inc. 3680 College St. Atlanta GA 30337		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Alliance of Nonprofits for Insurance	
		INSURER B : Technology Insurance Co	
		INSURER C :	
		INSURER D :	
		INSURER E :	
INSURER F :			


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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			Y	Y	2023-21429	07/01/2023	07/01/2024	EACH OCCURRENCE	\$	1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$						500,000		
	MED EXP (Any one person)		\$						20,000		
	PERSONAL & ADV INJURY		\$						1,000,000		
	GENERAL AGGREGATE		\$						2,000,000		
PRODUCTS - COMP/OP AGG		\$	2,000,000								
Social Service Prof Liab		\$	1,000,000								
A	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> AUTOS ONLY			Y	Y	2023-21429	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	BODILY INJURY (Per person)		\$								
	BODILY INJURY (Per accident)		\$								
	PROPERTY DAMAGE (Per accident)		\$								
	Medical payments		\$						5,000		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			Y	Y	2023-21429-UMB	07/01/2023	07/01/2024	EACH OCCURRENCE	\$	4,000,000
	AGGREGATE		\$						4,000,000		
			\$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		KWC1324395	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	E L EACH ACCIDENT		\$						500,000		
	E L DISEASE - EA EMPLOYEE		\$						500,000		
	E L DISEASE - POLICY LIMIT		\$						500,000		

RE: #22RFP035A-CJC - Case Management - Senior Center Management - Volunteer Service Bundle

CANCELLATION

<p>Fulton County Government - Purchasing & Contract Compliance Department 130 Peachtree Street, SW Suite 1168 Atlanta</p>	<p>CANCELLATION</p> <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>GA 30303-3459</p>	<p>AUTHORIZED REPRESENTATIVE</p> <p></p>

AGENCY CUSTOMER ID: 00006866

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**

Page ____ of ____

AGENCY Gillman Insurance Problem Solvers		NAMED INSURED South Fulton Senior Services, Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

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

The aforementioned entities are included as additional insureds for GENERAL LIABILITY when required in a written contract or agreement per form(s) ANI-RRG-E25 12 15, CG 20 10 04 13, CG 20 11 04 13, CG 20 12 04 13, CG 20 18 04 13, CG 20 20 11 85, CG 20 21 07 98, CG 20 26 04 13, CG 20 34 04 13. Coverage is provided on a primary, non-contributory basis per form(s) ANI-RRG-E02 01 17 and ANI-RRG-E61 02 17. Products, completed operations included per form CG 20 37 04 13.

A Waiver of Subrogation is also included for GENERAL LIABILITY when required by written contract or agreement per form(s) ANI-RRG-E26 04 17.

Umbrella is following form

****INFORMATION PROVIDED ON A CERTIFICATE OF INSURANCE IS REGULATED BY THE GEORGIA DEPARTMENT OF INSURANCE. FOR INFORMATION REGARDING FURTHER REQUESTS FOR CHANGES TO THIS CERTIFICATE OF INSURANCE, PLEASE REFER TO THE FOLLOWING GEORGIA DEPARTMENT OF INSURANCE WEBSITE FOR GOVERNING RULES:**

<http://www.gainsurance.org/Agents/CertificatesofInsurance.aspx>

FAILURE TO COMPLY WITH REGULATIONS COULD RESULT IN FINES UP TO \$5,000 PER VIOLATION.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2024

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.

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PRODUCER Hilb Group Operating Company 11175 Cicero Drive Suite 575 Alpharetta GA 30022	CONTACT NAME: Eric Whitt PHONE (A/C, No, Ext): (678) 297-7977 FAX (A/C, No): (678) 297-9575 E-MAIL ADDRESS: ewhitt@hilbgroup.com														
INSURED South Fulton Senior Services, Inc. 3680 College St. Atlanta GA 30337	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Alliance of Nonprofits for Insurance, Risk Retention</td> <td>10023</td> </tr> <tr> <td>INSURER B: AmTrust Insurance Company</td> <td>15954</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: Alliance of Nonprofits for Insurance, Risk Retention	10023	INSURER B: AmTrust Insurance Company	15954	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Alliance of Nonprofits for Insurance, Risk Retention	10023														
INSURER B: AmTrust Insurance Company	15954														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 7/1/24-25 MASTER**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	Y	2024-21429	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Social Service Prof Liab \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	Y	Y	2024-21429	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	Y	2024-21429-UMB	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		KWC1359166	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

ADDITIONAL INSURED ENTITIES: Fulton County Government, its' Officials, Officers and Employees as Additional Insured

RE: #22RFP035A-CJC - Case Management - Senior Center Management - Volunteer Service Bundle

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government - Purchasing & Contract Compliance
 Department 130 Peachtree
 Street, SW 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

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AGENCY CUSTOMER ID: 01508083

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Hilb Group Operating Company		NAMED INSURED South Fulton Senior Services, Inc.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

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A Waiver of Subrogation is also included for GENERAL LIABILITYwhen required by written contract or agreement per form(s) ANI-RRG-E26 04 17.

Umbrella is following form

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<http://www.gainsurance.org/Agents/CertificatesofInsurance.aspx>

FAILURE TO COMPLY WITH REGULATIONS COULD RESULT IN FINES UP TO \$5,000 PER VIOLATION.

Certificate Of Completion

Envelope Id: 41C097B81F2240A9B3D90D2AF8F50E28
Subject: 22RFP035A-CJC, South Fulton Senior Services
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 6
Certificate Pages: 6
AutoNav: Enabled
Envelopeld Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
Keisha Massey
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlanta, GA 30303
keisha.massey@fultoncountyga.gov
IP Address: 24.125.27.145


Record Tracking

Status: Original 12/2/2024 1:55:12 PM	Holder: Keisha Massey keisha.massey@fultoncountyga.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Pier Holder
crutherford@sfssi.org
Security Level: Email, Account Authentication (None)

Signature

Signed by:

88E2B6741853472...

Signature Adoption: Pre-selected Style
Using IP Address: 96.67.97.230

Timestamp

Sent: 12/2/2024 1:58:34 PM
Viewed: 12/2/2024 3:52:52 PM
Signed: 12/2/2024 3:53:41 PM

Electronic Record and Signature Disclosure:
Accepted: 12/2/2024 3:52:52 PM
ID: b6df096a-9e5f-40b1-8e78-9d16d451ef00

Pier Holder-2
pholder@sfssi.org
Security Level: Email, Account Authentication (None)

Signed by:

E62C1FDC579D4CD...


Signature Adoption: Pre-selected Style
Using IP Address: 96.67.97.230

Sent: 12/2/2024 3:53:42 PM
Resent: 12/3/2024 10:33:47 AM
Viewed: 12/3/2024 11:53:11 AM
Signed: 12/4/2024 2:45:21 PM

Electronic Record and Signature Disclosure:
Accepted: 12/3/2024 11:53:11 AM
ID: 46fec55e-18b3-45f9-843e-c85dab0ade74

Ladisa Onyiliogwu
ladisa.onyiliogwu@fultoncountyga.gov
Security Level: Email, Account Authentication (None)

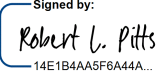
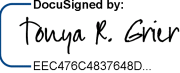
DocuSigned by:

F58283B77B1A4C2...

Signature Adoption: Pre-selected Style
Using IP Address: 174.163.143.197

Sent: 12/4/2024 2:45:24 PM
Viewed: 12/4/2024 3:39:01 PM
Signed: 12/4/2024 3:39:06 PM

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>Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p>Completed</p> <p>Using IP Address: 68.208.197.4</p>	<p>Sent: 12/4/2024 3:39:09 PM Viewed: 12/4/2024 10:35:19 PM Signed: 12/5/2024 8:53:16 AM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/5/2024 11:05:50 AM ID: 18ce58bb-d7cf-4943-bab8-3c7ee76671a1</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</p>	<p>Sent: 12/5/2024 8:53:19 AM Viewed: 12/5/2024 9:08:48 AM Signed: 12/5/2024 11:05:59 AM</p>
<p>Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>DocuSigned by:  EEC476C4837648D...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191</p>	<p>Sent: 12/5/2024 11:06:02 AM Viewed: 12/5/2024 11:08:46 AM Signed: 12/5/2024 11:08:51 AM</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
Carbon Copy Events	Status	Timestamp
<p>Keisha Massey keisha.massey@fultoncountyga.gov Procurement Offier Cintas Corporation Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>COPIED</p>	<p>Sent: 12/5/2024 11:08:53 AM</p>
<p>Brian Jones brian.jones@fultoncountyga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>COPIED</p>	<p>Sent: 12/5/2024 11:08:55 AM</p>

Carbon Copy Events	Status	Timestamp
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/5/2024 11:08:56 AM
Kweli Henry kweli.henry@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/5/2024 11:08:58 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/2/2024 1:58:34 PM
Envelope Updated	Security Checked	12/2/2024 4:25:23 PM
Envelope Updated	Security Checked	12/3/2024 10:33:46 AM
Envelope Updated	Security Checked	12/3/2024 10:33:46 AM
Envelope Updated	Security Checked	12/3/2024 12:21:55 PM
Envelope Updated	Security Checked	12/3/2024 12:23:05 PM
Certified Delivered	Security Checked	12/5/2024 11:08:46 AM
Signing Complete	Security Checked	12/5/2024 11:08:51 AM
Completed	Security Checked	12/5/2024 11:08:58 AM
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:

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Screen Resolution:	800 x 600 minimum
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