FULTON COUNTY

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

CONTRACT AGREEMENT

THIS AGREEMENT ("Agreement"), entered into this **1st day of January 2025,** 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 **Empowerment Resource Center, 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 21, 2025, BOC#25-0398.**

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:

INDEX OF ARTICLES

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 **01/01/2025**, until midnight **12/31/2025**.

(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:

Community Services Program (CSP)

CSP Service Category: Health and Wellness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Prevent illness and health disparities by educating and connecting individuals to available resources,2. Programs addressing mental health depression stress trauma and anxiety among individuals,3. Programs focusing on HIV Prevention and Education

Homelessness: Not Applicable

Senior Services: Not Applicable

Empowerment Resource Center, Inc., Integrated Care Program (ICP Program) will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

Start and end date of programming for which CSP funds will be used:

Start date: 01/01/2025

End date: 12/31/2025

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
ERC Integrated Care Program	230 Peachtree Street NW Suite 1800	Atlanta	GA	30303	4	2,3,4,5,6

Approach and Design:

Empowerment Resource Center, Inc., Integrated Care Program (ICP Program) will provide services to **15** clients that reside in Fulton County, with CSP funding.

Empowerment Resource Center, Inc., Integrated Care Program (ICP Program) **will provide the following activities and services in Fulton County with CSP funding:**

Integrated Care Program (ICP) provides coordinated and multidisciplinary services for individuals with single or co-occurring MH and SA conditions and who are at risk of HIV and Hepatitis infection. Using Fulton County CSP

funds, ERC will provide access to up to eight-weeks of weekly behavioral health services for each individual clients, based on their date of intake. A licensed BH therapist/counselor will conduct individual and group sessions for mental health (MH) therapy services and substance abuse (SA) treatment and recovery services. Psychiatrist will perform the initial individualized BH diagnostic assessments and prescribe psychotropic medication for treatment, as needed. Case Manager/Intake Specialist will enroll clients and provide case management services and make referrals to Work Source Fulton/Atlanta and other supportive services and resources that improve clients' quality of life. Finally, the Advanced Practice Registered Nurse (APRN) will conduct medical reviews of clients' bodily systems, complete nursing physical assessments of chronic and acute health conditions, administer HIV and hepatitis testing, and perform STI and drug screenings for clients. Clients will participate in the following ICP activities with a licensed therapist after a BH assessment: 1) development of an individualized treatment and recovery plan; 2) weekly one-on-one Intensive Outpatient Treatment; 3) three weekly group-level behavioral health treatment programs. Skilled therapists will utilize trauma-informed care, and integrate motivational interviewing (MI) and Cognitive Behavioral Therapy (CBT) techniques to promote maximum wellbeing, resiliency, and recovery for participants. Therapists will provide strengths based services and work with participants to develop a meaningful and progressive Individualized Resiliency Plan (IRP)/Individual Recovery and Resiliency Plan (IRRP), based on DSM-5R (Diagnostic and Statistical Manual of Mental Disorders) codes. Therapists will also provide periodic follow-up interactions designed to encourage and foster positive outcomes for both persons served and overall programming. Clients will participate in the following ICP activities with the Psychiatrist within two weeks of enrollment: 1) an initial psychiatric evaluation/diagnostic assessment and routine psychotropic medication management, when appropriate. Clients will participate in the following ICP activities with the APRN: 1) completion of a physical assessment, which includes a review of health systems and vitals; 2) increased access to HIV, STI, Hepatitis B and Hepatitis C testing and screening services; 3) linkages to HIV to primary care services at the on-site ERC Comprehensive Intervention Clinic; 4) increased access to influenza, MPOX, Hepatitis A and Hepatitis B immunization services; and 5) increased access to prevention education on Hepatitis, HIV, and STI risk reduction techniques and personalized risk reduction plan development. Upon enrollment in the program, each client will receive a physical assessment by an APRN, which includes a check of vital signs, including blood pressure, HIV and hepatitis testing, STI screenings, and drug screening. APRN will provide individualized HIV prevention and risk reduction counseling and service brokerage to community partners. The Case Manager will serve as the single and principle point of contact to facilitate intensive, comprehensive, and coordinated healthcare services across the ICP care continuum.

ERC has an established reputation for providing high-quality and effective prevention programs and services to high-risk individuals and racial and ethnic minority populations, and assisting individuals in navigating through the maze of privacy concerns, fear, and stigma to access sexual and reproductive health services, linkages, and other resources. ERC uses peer-driven recruitment strategies to reach its target population, establishing and maintaining a presence of trust and credibility. Much of ERC's success has come from recruiting culturally competent and diverse workforce members who are representative of the target population. ERC will recruit potential Fulton County

residents by utilizing social media tools and social networking strategies, and from the client pool who access ancillary health services at the Comprehensive Intervention Clinic and through the ERC on the M.O.V. E. (Mobile Outreach Vehicle Experience) program. The Case Manager will coordinate with the ERC on the M.O.V.E. Program to conduct street outreach and recruit participants from the target population at external events, community health fairs, and in non-traditional outreach settings. Funded by the CDC, ERC on the MOVE is an outreach team responsible for promoting/conducting street outreach, providing targeted HIV testing services, and ensuring that clients are not lost in a transfer/hand-off from outreach to HIV prevention and care services. The target population will include Fulton County residents struggling with MH or co-occurring SA disorders with one or more of the following experiences: A) experiences with self-injurious, suicidal, or risk-taking behaviors; B) housing instability; C) living with or at high-risk of HIV; D) low educational attainment; E) involvement with Law Enforcement—including the criminal justice system, the court system, and/or the Division of Family & Children Services; F) uninsured/underinsured; and G) unemployed/underemployed.

During the 12-month funding period, ERC will maintain a weekly ICP schedule, which will include three days of BH services—three days of group-level SA therapy, and one day of individualized SA and MH counseling. Weekly SA treatment activities will include: i) a minimum of two (2) hours each of individualized Intensive Outpatient Therapy (IOP)and client-centered risk reduction counseling; ii) one-hour, one-on-one counseling sessions, including trauma counseling, SA and MH coping skills, recovery counseling, and case management; and iii) a minimum of two (2) hours of group level intervention programs for SA and MH treatment services and recovery support, including but not limited to, trauma education, sober living skills education, and discharge planning using the Gorski Model for Recovery and Relapse Prevention. Motivational Interviewing and Cognitive Behavioral Therapy evidence-based practices will be used collectively to address SA and dually diagnosed substance use and mental health disorders. This proposal addresses three CSP Funding Priorities within the Health and Wellness service category: (1) prevent illness and health disparities by educating and connecting individuals to available resources; (2) programs addressing mental health, depression, stress, trauma, and anxiety among individuals; and (3) program focusing on HIV prevention and education. Additionally, it addresses three Health & Human Services key performance indicators: (1) number of new HIV diagnoses per 100,000 residents; (2) percentage of residents engaged in substance abuse treatment – opioid, drinking, vaping; and (3) number of people who receive behavioral health services. ERC maintains formal and informal agreements with more than 25 health and social services providers ranging from church ministries, correctional facilities, homeless shelters, substance abuse recovery programs, and county and state health departments. Below are at least seven instances of community collaborative relationships that have assisted ERC in addressing the needs of this target population—Clark-Atlanta University (CAU) Whitney M. Young Jr. School of Social Work master-level interns support ERC in the provision of case management services for ICP clients; Family Health Centers of Georgia provide more comprehensive primary care services for clients including COVID-19 testing and immunization; Travelers Aid facilitates the search for temporary housing and stabilization services; Atlanta Center for Self Sufficiency (ACSS) offers programs to clients that develop job readiness skills; the Atlanta Food bank provides access to healthy and nutritious food stuffs; the ERC Comprehensive Intervention Clinic provides HIV primary care to newly diagnosed individuals; Odyssey Family Counseling provides access to family counseling therapy and in-home case management services; Trinity House offers placement in long-term housing and recovery support; and United Way 2-1-1 makes referrals to assist

clients in navigating other essential and supportive services.

Designation of CSP Funds:

Based on the awarded amount of **$30,000.00,** the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

Administrative Expenditures CSP funds that are spent on indirect personnel expenses such as salaries, salary fringe, and benefits for executive / management, accountant, administrative support, etc. Includes direct and indirect charges for administration of the grant **(Note: Not more than 5% of total grant award can be used for administrative costs.)**

Operational Expenditures- CSP funds used to conduct agency/ organizational functions that are secondary to program service delivery such as: auditor, grant writer, consultants, insurance office/ warehouse lease or mortgage expenses, office supplies (pens, toner, paper, etc.), agency's utility expenses, staff transportation expenses, marketing/catalogs, etc. Not to include indirect or direct personnel expenses. **(Note: Not more than 25% of total grant award can be used for operational expenditures.)**

Direct Service Expenditures- CSP 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, participant's 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).

Throughout the contract period, program expenditures will be monitored (via performance reports) to ensure that funding is utilized as contracted.

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	$1,480.00
Operational (25% Operational max of total funds awarded.)	$6,712.00
Total	$30,000.00

Cost Category	Designation of CSP Funding Award
Direct Services	$21,808.00
Total	$30,000.00

Explanation of Funding Details:

ERC is requesting $30,000 in CSP funds for Administrative ($1,480), Operational ($6,712), and Direct Services ($21,808) expenses. Administrative expenses include 0.0037 FTE of the Data Analyst's salary to perform data entry and data quality checks for the program ($1,480). Operational expenses ($6,712) includes rent, which consists of 1.699% of facilities rent ($400,000) used for behavioral health services performed by 0.41 FTE (24.568 total ERC FTE 0.41/24.568 = 1.67%). Direct services expenses ($21,808) includes personnel costs: Personnel ($21,808 or 0.37 FTE) will include a Director of Behavioral Health Services ($160,000 at 0.07 FTE = $11,200) to oversee the programmatic activities and deliverables; a Psychiatrist (In-Kind 0.15 FTE) to perform comprehensive mental health care and psychiatric medication management; an Psychiatric Advanced Practice Registered Nurse ($119,000 at 0.15 FTE = $10,608) to conduct medical reviews of clients' bodily systems, complete nursing physical assessments of chronic and acute health conditions, administer HIV and hepatitis testing, and perform STI and drug screenings for clients. The total CSP funding request of $30,000 will be allocated evenly across two contract performance reporting periods: January 2025 – June 2025 ($15,000) and July 2025 – December 2025 ($15,000). During each reporting period, ERC will distribute funds as follows, administrative expenses ($800), operational costs ($3,296) and direct service provision ($10,904) to support program implementation and service delivery effectively. This funding will directly address the urgent need to improve HIV viral suppression rates among individuals with mental health and substance use disorders by enhancing access to integrated behavioral health and HIV care services. ERC will utilize the funding to increase accessibility to counseling, medication management, and crisis intervention for individuals of high risk of HIV; provide transportation assistance and telehealth options to overcome barriers to consistent care; and enhance outreach efforts to connect individuals to essential HIV and BH services. By addressing the critical gaps in behavioral health and HIV care, CSP funding will increase access to services, improve health outcomes and reduce transmission risks for individuals who are among the most vulnerable.

Program Performance Measures:

Empowerment Resource Center, 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: Not Applicable

Health and Wellness: 1. Number of individuals connected to available resources to help mitigate illness and health disparities,2. Number of individuals receiving referrals to behavioral health and other supportive services,4. Number of individuals who report increased knowledge around reducing the risk of acquiring or transmitting HIV,6. Number of persons living with HIV achieving viral suppression,7. Number of persons living with HIV achieving annual retention in care (2+ medical visits at least 90 days apart)

Homelessness: Not Applicable

Senior 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 01/01/2025 through 12/31/2025:

By December 31, 2025 and based on their date of intake, ERC proposes to serve a minimum of 15 Fulton County residents (youth, ages 18-21, and adults, ages 22 and older) with MH and/or co-occurring SA and MH disorders, at high risk for or living with HIV and/or viral hepatitis, and residing in Fulton County Commission Districts 2, 3, 4, 5, and 6. Of the total, all 15 individuals will have incomes at or below 100% of the federal poverty limit. ERC will place a priority focus on African-American men (8) and women (7). Clients will be enrolled in the ICP Program on a rolling basis. The eight-week service period will commence upon verification of eligibility and subsequent enrollment into the ICP program. Clients will be encouraged to engage in the ICP Program for the full eight-week period. Conversely, program participation is voluntary, and clients may enter program activities and exit the program at any point in time. Under ICP, enrolled residents will receive individual- and group-level Intensive Outpatient Treatment. ICP Program services will be documented in ERC's electronic health records system (EHR) using intake documents, case notes, HIV Test Forms, and Client Demographic Forms. ERC uses Greenway for its EHR. Performance data will be collected at intake, during each session, and at discharge. ERC will use the following data collection tools to report progress on performance measures: BH Eligibility Assessment, ICP Program Enrollment Form, Client Demographic Survey, Client Information Form, Medical History Form, Client Physical Assessment form, Informed Consent Form, Vaccine Administration Record, HIPPA Acknowledgement

and Statement, Client Satisfaction Survey, and BH Outcome Evaluation. These data collection instruments will be used to evaluate the impact of the program, and allow ERC to demonstrate the following three County defined performance metrics: (1) 15 residents will complete intake documents and enroll in ICP behavioral health and other supportive services; (2) 98% of participants will develop Individualized Resiliency Plan(IRP)/Individual Recovery and Resiliency Plan (IRRP) for MH and/or SA treatment and therapy to improve their overall quality of life; and (3) 15 residents will receive free HIV testing and hepatitis screening and increase knowledge around reducing the risk of acquiring or transmitting HIV. Three major milestones will be achieved at the conclusion of the program: 1) Within three (3) weeks of enrollment, clients will work with the therapist to develop and work on individualized MH/SA treatment plans, designed to address mental health conditions leading to depression, stress, trauma, and anxiety; 2) By week eight (8), clients will learn their HIV status; and 3) By the end of the eight-week program, clients will be educated about and connected to available community resources to improve their health and wellness.

Agency Defined Performance Measure(s):

ERC will use the following agency-defined performance metrics: (1) 95% of clients will receive Hepatitis, HIV, and Sexually Transmitted Infections prevention education and risk reduction counseling to minimize disease transmission; (2) 90% of newly diagnosed people living with HIV will achieve viral suppression; and (3) 90% of clients, unless previously diagnosed, will learn their HIV and hepatitis status to minimize disease transmission and mitigate illness and health disparities.

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 **2025 Community Services Program 25RFP020325C-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 18, 2025, and January 16, 2026)** 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 CSP funding may result in reimbursement of CSP 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 CSP 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 CSP 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 **$30,000.00.**

(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 **2025 Community Services Program 25RFP020325C-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 18, 2025 for the period January 1, 2025-June 30, 2025; and January 16, 2026 for the period July 1, 2025-December 31, 2025.**

(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:

Empowerment Resource Center, Inc.
230 PEACHTREE STREET NW 1800
Atlanta, Georgia 30303

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 **01/01/2025**, and shall terminate on **12/31/2025**, 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 **Empowerment Resource Center, 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.

FULTON COUNTY

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Empowerment Resource Center, Inc.
Project No. and Project Title:	Integrated Care Program (ICP)

FORM G: SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [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], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

181513

Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

January 16, 2009

Date of Authorization

Not Applicable

Authorized Officer of Agent

(Name of Subcontractor)

I hereby declare under penalty of perjury that the foregoing is true and correct

Jacqueline Brown

Printed Name (of Authorized Officer or Agent of Contractor)

Chief Executive Officer

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

2/20/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

20th DAY OF February, 2025

Sherrie Rena Powell

Notary Public

[NOTARY SEAL]

SHERRIE RENA POWELL NOTARY PUBLIC FULTON COUNTY, GEORGIA

My Commission Expires: 01/25/2026

*** As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).**

FULTON COUNTY

F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Empowerment Resource Center, Inc.
Project No. and Project Title:	Integrated Care Program

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of Fulton County Government has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10- 91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

181513

Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

January 16, 2009

Date of Authorization

Jacqueline Brown

Authorized Officer or Agent
(Name of Contractor)

I hereby declare under penalty of perjury that the foregoing is true and correct

Jacqueline Brown

Printed Name (of Authorized Officer or Agent of Contractor)

Chief Executive Officer

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

2/20/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

20th DAY OF February, 2025

Sherrie Rena Powell

Notary Public

[NOTARY SEAL] SHERRIE RENA POWELL NOTARY PUBLIC FULTON COUNTY, GEORGIA

My Commission Expires: 01/25/2026

*** As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/30/2025

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

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

PRODUCER
Manry Heston
2109 LaVista Executive Park
Tucker GA 30084

CONTACT NAME: Leah Smith
PHONE (A/C, No, Ext): 770-939-3231 **FAX (A/C, No):** 770-939-8978
E-MAIL ADDRESS: lsmith@manryheston.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United States Liability Insurance Company	25895
INSURER B : Travelers Property Casualty Company of America	25674
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED EMPORES-01
Empowerment Resource Center, Inc.
230 Peachtree Street NW
Suite 1800
Atlanta GA 30303

COVERAGES **CERTIFICATE NUMBER:** 247550743 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			NPP1612571B	7/12/2024	7/12/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ EXCLUDED $ 3,000,000 $ EXCLUDED
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED [X] RETENTION $ 0			XL 1629560B	7/12/2024	7/12/2025	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		OW928168	4/1/2025	4/1/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation:
WC 00 03 08 Partners, Officers & Others Exclusion Endorsment: Jacqueline Brown

"This Certificate of Insurance represents coverage currently in effect and may or may not be in compliance with any written contract."

Please note due to directives received from the Georgia Department of Insurance we are no longer allowed to enter any special wording in the description of operations field on the certificate. The only wording that can be entered in this field is the wording for which it was intended "Description of operations/Locations/Vehicles". We recommend that the certificate holder review the terms and conditions of the endorsement as some policy forms provide additional insured status only when there is a written contract between the Named Insured and the Certificate Holder that requires such status.

CERTIFICATE HOLDER

Fulton County Government
141 Pryor St NW
Atlanta GA 30303

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
Michael Mellars

TRAVELERS

WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY
ENDORSEMENT WC 00 03 08 (OO) – 001

POLICY NUMBER: (6JUB-0W92816-8-25)

PARTNERS, OFFICERS, AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.
The premium basis for the policy does not include the remuneration of such persons.
You will reimburse us for any payment we must make because of bodily injury to such persons.

SCHEDULE

PARTNERS

OFFICERS

OTHERS
BROWN, JACQUELINE

DATE OF ISSUE: 04-02-25 ST ASSIGN: GA

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/03/2025

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

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PRODUCER	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
Henderson Insurance Agency PO BOX 360518, DECATUR, GA 30036	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Progressive Mountain Insurance Company	35190
INSURED	INSURER B :	
EMPOWERMENT RESOURCE CENTER INC 230 PEACHTREE ST NW STE 1800 ATLANTA, GA 30303	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 269162312619783644D060325T151120 **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☐ ANY AUTO							
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS	Y	N	985024237	08/08/2024	08/08/2025	BODILY INJURY (Per person)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	See ACORD 101 for additional coverage details.	Y	N	985024237	08/08/2024	08/08/2025	$	

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

CERTIFICATE HOLDER

FULTON COUNTY GOVERNMENT
141 PRYOR STREET SW
ATLANTA, GA 30303

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

Mark Pruett

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Henderson Insurance Agency	EMPOWERMENT RESOURCE CENTER INC 230 PEACHTREE ST NW STE 1800 ATLANTA, GA 30303
POLICY NUMBER 985024237	
CARRIER / **NAIC CODE** Progressive Mountain Insurance Company / 35190	**EFFECTIVE DATE:** 08/08/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

Description of Location/Vehicles/Special Items

Scheduled autos only

2006 FORD ECONOLINE 1FDWE35P76DA54007	
Comprehensive	$500 Ded
Uninsured Motorist - Added On	$1,000,000 Combined Single Limit
Uninsured Motorist Property Damage - Added On	(included in combined single limit w/$500 Ded)
Collision	$500 Ded
Medical Payments	$10,000 each person
2021 TOYOTA 4RUNNER JTEEU5JR9M5234856	
Comprehensive	$500 Ded
Uninsured Motorist - Added On	$1,000,000 Combined Single Limit
Uninsured Motorist Property Damage - Added On	(included in combined single limit w/$500 Ded)
Collision	$500 Ded
Medical Payments	$10,000 each person
Roadside Assistance	Selected w/$0 Ded
2021 TOYOTA 4RUNNER JTEEU5JR7M5234046	
Comprehensive	$500 Ded
Uninsured Motorist - Added On	$1,000,000 Combined Single Limit
Uninsured Motorist Property Damage - Added On	(included in combined single limit w/$500 Ded)
Collision	$500 Ded
Medical Payments	$10,000 each person
Roadside Assistance	Selected w/$0 Ded
2021 TOYOTA 4RUNNER JTEEU5JR4M5231654	
Comprehensive	$500 Ded
Uninsured Motorist - Added On	$1,000,000 Combined Single Limit
Uninsured Motorist Property Damage - Added On	(included in combined single limit w/$500 Ded)
Collision	$500 Ded
Medical Payments	$10,000 each person
Roadside Assistance	Selected w/$0 Ded

Additional Information

Certificate holder is listed as an Additional Insured.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/03/2025

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PRODUCER	CONTACT NAME:	Daria Dreher	
CoverWallet, Inc. One Liberty Plaza, Suite 3201 New York, NY 10006	PHONE (A/C, No, Ext):	(646) 844-9933	FAX (A/C, No):
	E-MAIL ADDRESS:	customer.service@coverwallet.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	Evanston Insurance Company	35378
INSURED	INSURER B :		
Empowerment Resource Center Inc 230 Peachtree Street Atlanta, GA, 30303	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			SM-P-1273367	05/18/2025	05/18/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Professional Liability			SM-P-1273367	05/18/2025	05/18/2026	Each Claim:$1,000,000 Aggregate: $3,000,000	

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

CERTIFICATE HOLDER

Fulton County Government
141 Pryor Street NW
Atlanta, GA, 30303

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

Margaret M. Reff

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:

FULTON COUNTY, GEORGIA

DocuSigned by:
Robert L. Pitts
BA715B1A26544E7...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:
EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

Signed by:

(Affix County Seal)

CONTRACTOR:

VENDOR NAME **Empowerment Resource Center, Inc.**

Signed by: Name of Signatory: Jacqueline Brown
Jacqueline Brown Title of Signatory: CEO
B2CAC905E9C74E2...

Authorized Signature

ATTEST:

Signed by: Name of 2nd Signatory: **Jessica Herrera**
Jessica Herrera Title of 2nd Signatory: **Director of Business Operations**
A7F8F2F20079441...

Second Authorized Signature

(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:
David Lowman
0EC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Stanley Wilson
5E4D76DFB4A0450...

Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM **X** **2ND RM**

ITEM#:_____ **RM:**_____ **REGULAR MEETING**	**ITEM#:** 25-0398 **2ND RM:** 05/21/2025 **SECOND REGULAR MEETING**

Certificate Of Completion

Envelope Id: 446D12B1-7336-468D-B54E-5321C4801EB9
Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-Empowerment Resource Center, Inc.-BOC Agenda#25-0398
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 28
Certificate Pages: 7
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Signatures: 6
Initials: 0
Stamps: 1

Envelope Originator:
Cherie Williams
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlana, GA 30303
Cherie.Williams@fultoncountyga.gov
IP Address: 172.56.71.183

Record Tracking

Status: Original
6/12/2025 8:38:38 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Cherie Williams
Cherie.Williams@fultoncountyga.gov
Pool: StateLocal
Pool: Fulton County Government

Location: DocuSign
Location: Docusign

Signer Events	Signature	Timestamp
Jacqueline Brown jbrown@erc-inc.org CEO Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/17/2025 5:10:32 PM ID: 00252f76-25b6-4201-b284-3f04c85f0dfc	Signed by: Jacqueline Brown B2CAC905E9C74E2... Signature Adoption: Pre-selected Style Using IP Address: 38.32.168.154	Sent: 6/14/2025 6:57:18 PM Viewed: 6/17/2025 5:10:32 PM Signed: 6/17/2025 5:15:37 PM
Jessica Herrera jherrera@erc-inc.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/17/2025 5:27:25 PM ID: 2ad610db-1f51-4d3b-8d2e-a0002d93ce02	Signed by: Jessica Herrera A7F8F2F20079441... Signature Adoption: Pre-selected Style Using IP Address: 38.32.168.154	Sent: 6/17/2025 5:15:40 PM Viewed: 6/17/2025 5:27:25 PM Signed: 6/17/2025 5:28:09 PM
Mark Hawks2 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Complliance Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 45.20.200.178	Sent: 6/17/2025 5:28:12 PM Viewed: 6/18/2025 9:04:00 AM Signed: 6/18/2025 9:04:13 AM
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by: Stanley Wilson 5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/18/2025 9:04:15 AM Viewed: 6/18/2025 10:33:17 AM Signed: 6/18/2025 10:33:28 AM

Signer Events	Signature	Timestamp
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: 6/18/2025 10:33:30 AM Viewed: 6/18/2025 3:39:44 PM Signed: 6/18/2025 3:41:15 PM
Electronic Record and Signature Disclosure: Accepted: 6/18/2025 3:39:44 PM ID: ff88fa1e-4251-4bc2-b18d-9da042ab4d9c		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by: David Lowman 0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/18/2025 3:41:18 PM Viewed: 6/18/2025 3:41:54 PM Signed: 6/18/2025 3:42:45 PM
Electronic Record and Signature Disclosure: Accepted: 6/18/2025 3:41:54 PM ID: 0648bfcb-7cc1-499c-9c6b-5c470bb3cd11		
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: 66.56.23.82	Sent: 6/18/2025 3:42:47 PM Resent: 6/20/2025 2:42:12 PM Resent: 6/23/2025 9:06:25 AM Resent: 6/24/2025 9:41:07 AM Resent: 6/25/2025 1:03:04 PM Viewed: 6/27/2025 3:42:09 PM Signed: 6/27/2025 3:43:05 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 Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by: Robert L. Pitts BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 3:43:08 PM Resent: 6/30/2025 11:58:22 AM Viewed: 6/30/2025 12:22:49 PM Signed: 6/30/2025 12:22:56 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by: EEC476C4837648D... Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 6/30/2025 12:22:58 PM Viewed: 7/1/2025 9:46:01 AM Signed: 7/1/2025 9:46:15 AM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

Signer Events	Signature	Timestamp
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Complliance Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 45.20.200.178	Sent: 7/1/2025 9:46:19 AM Resent: 7/3/2025 10:42:44 AM Viewed: 7/9/2025 10:30:42 AM Signed: 7/9/2025 10:30:46 AM

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: 6/14/2025 6:57:17 PM Viewed: 7/9/2025 10:36:43 AM
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: 6/14/2025 6:57:17 PM Resent: 7/9/2025 10:30:54 AM
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: 6/14/2025 6:57:18 PM Viewed: 7/9/2025 10:36:34 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/9/2025 10:30:50 AM Viewed: 7/9/2025 10:36:32 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/14/2025 6:57:17 PM
Certified Delivered	Security Checked	7/9/2025 10:30:42 AM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	7/9/2025 10:30:46 AM
Completed	Security Checked	7/9/2025 10:30:50 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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Required hardware and software

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

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