



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Library**

**BID/RFP NUMBER: 22ITB0210B-EC**

**BID/RFP TITLE: Shelf-Ready Foreign Language Books for Adults**

**ORIGINAL APPROVAL DATE: June 1, 2022**

**RENEWAL EFFECTIVE DATES: January 1, 2025 to December 31, 2025**

**RENEWAL OPTION #: 3 OF 3**

**NUMBER OF RENEWAL OPTIONS: 3**

**RENEWAL AMOUNT: \$36,520.00**

**COMPANY'S NAME: Multi-Cultural Books and Video**

**ADDRESS: 30007 John R Road**

**CITY: Madison Heights**

**STATE: MI**

**ZIP: 40871**

**This Renewal Agreement No. 3 was approved by the Fulton County Board of Commissioners on BOC DATE: November 6, 2024 BOC NUMBER: 24-0710**

**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:

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

### FULTON COUNTY, GEORGIA

Signed by:

*Robert L. Pitts*

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

### ATTEST:

DocuSigned by:

*Tonya R. Grier*

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

(Affix County Seal)



### AUTHORIZATION OF RENEWAL:

DocuSigned by:

*Gayle Holloman*

**Gayle Holloman, Executive Director**  
Library System

### MULTI-CULTURAL BOOKS AND VIDEO

DocuSigned by:

*Rakesh Kumar*

**Rakesh Kumar**  
President

### ATTEST:

**Secretary/  
Assistant Secretary**

(Affix Corporate Seal)

### ATTEST:

DocuSigned by:

*Jakir Hussain*

**Notary Public**

County: Oakland

Commission Expires: 01/07/2027

(Affix Notary Seal)

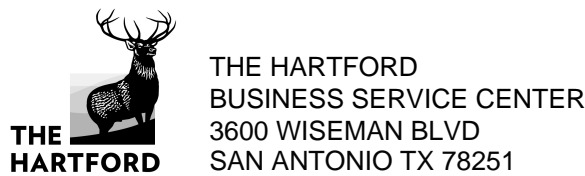
DS



ITEM#: <u>24-0710</u> RCS: <u>11/6/2024</u>	ITEM#: _____ RM: _____
FIRST REGULAR MEETING	SECOND REGULAR MEETING

## CERTIFICATE OF INSURANCE





September 1, 2024

Fulton County Government  
Purchasing and Contract  
Compliance Department  
130 PEACHTREE ST SW STE 1168  
ATLANTA GA 30303-3443

Account Information:

Policy Holder Details :	MULTICULTURAL BOOKS & VIDEOS INC
-------------------------	-------------------------------------



Contact Us

Need Help?

Chat online or call us at  
(866) 467-8730.  
We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,  
Your Hartford Service Team



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/01/2024

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

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

<b>PRODUCER</b> AUTOMATIC DATA PROCESSING INS AGCY 76250871 1 ADP BLVD M/S 625 ROSELAND NJ 07068	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (800) 524-7024 <b>(A/C, No, Ext):</b>	<b>FAX</b> <b>(A/C, No):</b>
	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC#</b>	
<b>INSURED</b> MULTICULTURAL BOOKS & VIDEOS INC 30007 JOHN R RD MADISON HEIGHTS MI 48071-2526	<b>INSURER A :</b> Hartford Insurance Company of the Southeast	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	76 WEG AA7D11	09/30/2024	09/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Those usual to the Insured's Operations. RE: Request for bid and proposal number Q2ITB0210B-EC Shelf Ready Foreign Language Books

## CERTIFICATE HOLDER

Fulton County Government  
 Purchasing and Contract  
 Compliance Department  
 130 PEACHTREE ST SW STE 1168  
 ATLANTA GA 30303-3443

## 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

*Susan L. Castaneda*

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2024

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

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

<b>PRODUCER</b> Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	<b>CONTACT</b> NAME: Karol Judkins PHONE (A/C, No, Ext): 517-266-6456 E-MAIL ADDRESS: karol.judkins@kapnick.com FAX (A/C, No): 517-263-6658
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : Swiss RE Corporate Solutions America Insurance	
INSURER B : Central Mutual Insurance Co.	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:** 756451526**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	CLP 8957844	9/30/2024	9/30/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CLP 8957844	9/30/2024	9/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		CXS 8959708	9/30/2024	9/30/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cyber			C-4N5W-204307-CYBER- 2024	6/21/2024	6/21/2025	Limit 1,000,000

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

For General Liability:

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - AUTOMATIC STATUS  
 ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES - AUTOMATIC STATUS  
 ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT - AUTOMATIC STATUS  
 ADDITIONAL INSURED - VENDORS - AUTOMATIC STATUS  
 WAIVER OF SUBROGATION

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Fulton County Government – Purchasing and Contract  
 Compliance Department  
 130 Peachtree St., S.W. Suite 1168  
 Atlanta GA 30303-3459

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: MULTBOO-01

LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

AGENCY Kapnick Insurance Group		NAMED INSURED Multi-Cultural Books and Videos, Inc. 30007 John R. Madison Heights MI 48071
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Request for Bid and Proposal # Q2ITB0210B-EC  
Shelf ready foreign language books



# Fulton County

## Legislation Details

**File #:** 24-0710      **Version:** 1      **Name:**  
**Type:** Consent - Arts and Libraries      **Status:** Agenda Ready  
**File created:** 9/12/2024      **In control:** Board of Commissioners  
**On agenda:** 11/6/2024      **Final action:**  
**Title:** Request approval to renew an existing contract - Fulton County Library System - 22ITB0210B-EC, Shelf-Ready Foreign Language Books for Adults in the amount of \$36,520.00 with Multi-Cultural Books and Video (Madison Heights, MI) to provide foreign language books in multiple languages to all 34 library locations. This action exercises the third of three renewal options. No renewal options remain. Effective dates: January 1, 2025, to December 31, 2025.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. CONTRACT RENEWAL EVALUATION FORM - Multi-Cultural 2025.pdf, 2. RENEWALAGREEMENT NO. 3 - Foreign Language, 3. Performance Evaluation

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------



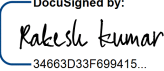
Certificate Of Completion

Envelope Id: 7074195B504E46B7B64D997CBF67CBE0		Status: Completed
Subject: 22ITB0210B-EC-Multi-Cultural-BOC#24-0710-Contract Agreement-Renewal No. 3		
Parcel ID:		
Source Envelope:		
Document Pages: 8	Signatures: 5	Envelope Originator:
Certificate Pages: 6	Initials: 0	Elsa D. Castro
AutoNav: Enabled	Stamps: 2	141 Pryor Street
EnvelopeId Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-08:00) Pacific Time (US & Canada)		Atlanta, GA 30303
		elsa.castro@fultoncountyga.gov
		IP Address: 74.174.59.4

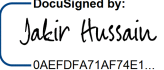
Record Tracking

Status: Original	Holder: Elsa D. Castro	Location: DocuSign
11/7/2024 7:44:26 AM	elsa.castro@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events	Signature	Timestamp
---------------	-----------	-----------


Rakesh Kumar	<div>DocuSigned by:  34663D33F699415...</div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 24.57.118.64</div>	Sent: 11/7/2024 7:48:43 AM
service@mcbv.com		Resent: 11/7/2024 7:52:27 AM
President		Viewed: 11/7/2024 8:58:23 AM
Multi-Cultural Books & Videos		Signed: 11/8/2024 9:46:50 AM
Security Level: Email, Account Authentication (None)		

Electronic Record and Signature Disclosure:  
Accepted: 11/7/2024 8:58:23 AM  
ID: 0277ffe8-fed8-44d7-86fc-af1a387daa7c

Jakir Hussain	<div>DocuSigned by:  0AEFDFA71AF74E1...</div> <div>Signature Adoption: Pre-selected Style</div> <div>Using IP Address: 68.37.135.1</div>	Sent: 11/8/2024 9:46:52 AM
jhussain@hussainandcompany.com		Viewed: 11/10/2024 12:23:15 PM
Security Level: Email, Account Authentication (None)		Signed: 11/10/2024 12:24:01 PM

Electronic Record and Signature Disclosure:  
Accepted: 11/10/2024 12:23:15 PM  
ID: 5034ad0a-a01d-4813-b7b9-b01d1cd31fc6

Elsa D. Castro	<div>Completed</div> <div>Using IP Address: 172.56.71.88</div>	Sent: 11/10/2024 12:24:04 PM
elsa.castro@fultoncountyga.gov		Viewed: 11/10/2024 12:26:08 PM
Chief Assistant Purchasing Agent		Signed: 11/12/2024 10:01:11 AM
Fulton County Government		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Signer Events	Signature	Timestamp
Gayle Holloman Gayle.Holloman@fultoncountyga.gov Executive Director Fulton County Government Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div>DocuSigned by: <i>Gayle Holloman</i> 94183FCA11D54AB...</div> Signature Adoption: Pre-selected Style Using IP Address: 12.247.68.34	Sent: 11/12/2024 10:01:13 AM Viewed: 11/12/2024 11:53:43 AM Signed: 11/12/2024 11:53:53 AM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	<b>Completed</b>  Using IP Address: 68.208.197.4	Sent: 11/12/2024 11:53:55 AM Viewed: 11/13/2024 6:46:29 AM Signed: 11/13/2024 6:47:06 AM
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 11/13/2024 6:57:52 AM ID: 9ca6ea94-674e-4c34-a711-340523d28805	<div>Signed by: <i>Robert L. Pitts</i> 14E1B4AA5F6A44A...</div> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 11/13/2024 6:47:08 AM Viewed: 11/13/2024 6:57:52 AM Signed: 11/13/2024 6:58:03 AM
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)  <b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	<div>DocuSigned by: <i>Tonya R. Grier</i> EEC476C4837648D...</div> <div></div> Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191 Signed using mobile	Sent: 11/13/2024 6:58:05 AM Viewed: 11/13/2024 7:04:30 AM Signed: 11/15/2024 12:43:03 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
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 11/15/2024 12:43:07 AM Viewed: 11/15/2024 12:44:02 AM

Carbon Copy Events	Status	Timestamp
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Jamar Parker Jamar.Parker@fultoncountyga.gov Financial Systems Manager Fulton County Government Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 11/15/2024 12:43:08 AM Viewed: 11/15/2024 12:44:06 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/7/2024 7:48:43 AM
Certified Delivered	Security Checked	11/13/2024 7:04:30 AM
Signing Complete	Security Checked	11/15/2024 12:43:03 AM
Completed	Security Checked	11/15/2024 12:43:08 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:**

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

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

**To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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

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

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

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

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

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

**Required hardware and software**

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

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

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

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

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

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

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