



**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 **Friends of Disabled Adults and Children, Too!, 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 1. PARTIES AND TERM

ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES

ARTICLE 3. COMPENSATION FOR SERVICES

ARTICLE 4. RECORD KEEPING

ARTICLE 5. INDEMNIFICATION

ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE

ARTICLE 7. INDEPENDENT CONTRACTOR STATUS

ARTICLE 8. INSURANCE

ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT

ARTICLE 10. SUBCONTRACTING

ARTICLE 11. ASSIGNABILITY

ARTICLE 12. SEVERABILITY OF TERMS

ARTICLE 13. PRECEDENCE OF AGREEMENT

ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY

ARTICLE 15. CAPTIONS

ARTICLE 16. GOVERNING LAW

ARTICLE 17. JURISDICTION

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: Disabilities

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: 1. Early intervention services and training for children with cognitive and physical disabilities...,3. Programs that promote educational (youth with disabilities) and/or vocational and Career Readiness...

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Friends of Disabled Adults and Children, Too!, Inc., Home Medical Equipment 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
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	1
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	2
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	3
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	4

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
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	5
FODAC Headquarters and Service Center	4900 Lewis Road	Tucker	GA	30083	NA	6

Approach and Design:

Friends of Disabled Adults and Children, Too!, Inc., Home Medical Equipment Program will provide services to **290** clients that reside in Fulton County, with CSP funding.

Friends of Disabled Adults and Children, Too!, Inc., Home Medical Equipment Program **will provide the following activities and services in Fulton County with CSP funding:**

FODAC's goal is to provide people with disabilities with assistive devices that enable them to have increased mobility that allows them to have increased independence in managing their own lives and to engage in work, social, and family activities with minimal assistance. With full funding from Fulton County, FODAC will provide free or low-cost Home Medical Equipment (HME) to at least 290 Fulton County residents who could not otherwise afford HME items or who are on waiting lists for approval or service from third party providers including Medicare, Medicaid, insurance, or other service organizations. We also repair equipment that is broken and, if needed, we loan clients equipment to use while the repairs are being made. Other FODAC programs assist with vehicle modifications to enable clients to have greater freedom of movement in and outside their homes, and to have low-cost computers that help to expand their horizons. Often, these services can mean the difference in being able to avoid or delay the need for institutional care.

This proposal supports the Fulton County Government's Key Performance Indicators of supporting vulnerable residents in our social services by providing community based services. This helps individuals to recover from accidents or injuries or to manage long-term or permanent conditions that limit their mobility.

Older clients comprise the largest share of our client base. With some assistive devices seniors recovering from strokes or dealing with debilitating conditions can be more independent in performing the activities of daily living such as bathing, toileting, dressing, eating and moving about. They are better able to shop for or prepare healthier food. Having mobility aids like wheelchairs, walkers, and vehicle lifts enables them to access public transportation or personal vehicles so they can access medical care and appointments for routine medical services to **reduce the health disparity for people with disabilities.**

Children can benefit as well. Positioning chairs, reclining strollers, special walkers, and gait trainers help infants and toddlers develop the muscle strength to sit up, to stand, and even to walk. Wheelchairs and refurbished computers, make it possible for children to attend and stay in school **to realize their educational potential.** About 88% of FODAC's school-age clients respond that they are able to stay in school due to having mobility aids, which means they are receiving education which may lead to employment. Parents often acknowledge that their children would not be allowed to attend school without a wheelchair that FODAC has provided.

Other assistive devices provide support to other vulnerable residents in our communities. Special support chairs, foot supports, motorized wheelchairs, and reach extenders help about 49% of FODAC's adult clients to remain in the workforce.

Home medical equipment (HME) also helps the elderly and those with intellectual, physical, and developmental disabilities by making it possible for many of them to stay in their own homes, either alone or with a caretaker. Having lifts, transfer boards and/or gait belts in the home enables caretakers to safely assist with movement from bed to chair and back or into the shower, which can be essential in helping many adults to remain out of institutional care. It also helps prevent accidents and injuries to clients and their caretakers and complications of immobility. Having greater independence and mobility allows people of all ages to participate more in family, community and worship activities, which promotes a positive mental health outlook and sense of well-being. About 70% of FODAC's clients are new to us every year and are newly dealing with a disability causing a serious financial and emotional challenge for them. They often find that the expense of specialized assistive devices is prohibitive even if they have insurance, as they may have to choose items that are lighter weight or easier for caregivers to use instead of heavier motorized items that allow them more independence. Often, they cannot afford additional items. Having access to a power chair means a person with a disability can move themselves in and outside their home and avoid dependence on someone to push them. Other FODAC programs will provide portable ramps so that individuals can move in and outside the home independently. The Home and Vehicle Modification Program will also install lifts to personal cars and vans so families can transport a power chair or scooter, enabling those with disabilities to be part of family and community activities outside their home.

This proposal further supports these CSP Funding Priorities for the Disability section:

1. **Early Intervention Services:** FODAC provides equipment specially designed to help parents care for children with disabilities aged 0-5 and older. Specialized strollers, positioning chairs, and bathing and feeding aids provide for safety and inclusion in everyday family activities. Strollers, gait trainers and walkers help children develop muscle strength and balance to be able to learn to walk. Scooters and adaptive bicycles and tricycles allow them to play with their peers and siblings. Physical activity and social interaction support development of cognitive skills and reduce social isolation and low

self-esteem as well.

2. **Training/ Quality of Life:** Having access to assistive devices tailored to the specific needs of a person's disabilities can mean the difference in being able to stay in their own home, taking care of their own needs with minimal assistance, or being dependent on caregivers and often forced into institutional care. Parents and caregivers are coached in identifying developing needs, availability of resources, and in use and maintenance of equipment. Some devices (like lifts, transfer boards, bathing and toileting items, and eating tools) provide for more and safer freedom of movement within the home and reduce the burden on caregivers. Some make it possible for the person with a disability to remain active outside the home in community, worship, school, and work activities. Without mobility, opportunities are limited for increased social interaction. FODAC traditionally conducts two events annually that allow people with disabilities to participate in physical activity, competition, conversation, and fun with others, both those with and without disabilities: the Run, Walk, and Roll Rally for all ages and the Breakfast with Santa event for children.
3. **Job Readiness:** Clients who are more self-sufficient report that they can participate in school and remain active in the workforce, further advancing their ability to maintain independence. Parents often tell us their children could attend school without a wheelchair that FODAC provided. While FODAC does not provide specific job training courses for people with intellectual or physical disabilities, we do provide employment opportunities for both in positions that allow them to use and expand their full capabilities. At least four of our permanent staff are wheelchair users. We also engage people with disabilities as volunteers in positions that allow them to expand their skills in customer service, data management, thrift store operations, repair and maintenance and direct service.
4. **Inclusion:** FODAC is an ardent supporter of inclusion of people with disabilities in all aspects of life and demonstrates this in our own workforce and public communications. We participate in community planning for inclusiveness in events we organize and attend and are one of the active members of the State Coalition for Disaster Planning for People with Disabilities to ensure that all preparedness and response activities address their needs.

Program Methods

Our model is simple: We collect items, refurbish, and reissue them to those in need. Used medical equipment is donated by individuals who no longer need it or by companies and health care providers who have a surplus. It is repaired by skilled staff and volunteers in FODAC's Stone Mountain facility and refurbished to factory standards, often using parts salvaged from donated items that cannot be repaired. The equipment is then fitted to the needs of the individual client and issued to anyone who needs it, without regard to income, ethnicity, race, or other criteria. There is a one-time registration fee of \$25 and clients may return as often as they need to for additional items. They may need to pay for new batteries for items requiring them, but they do not pay for the items. The only requirement is need. We do not file for Medicare, Medicaid or insurance, which eliminates wait time for approvals from third party payers. Most of our clients receive immediate assistance as a walk-in or within 2-4 days of making a request. There are no other agencies providing the specific services on the scale provided by FODAC. Equipment loan closets provided by a few scattered churches and organizations tend to focus on their members or to have a limited-need focus, like for a specific condition such as cancer. Most of the organizations managing condition-

specific loan closets have eliminated those programs and now refer clients to FODAC. FODAC coordinates with Tools for Life, which offers complementary services such as training in Braille or use of sight enhancement devices but does not issue home medical equipment.

Collaborations:

In addition, FODAC has an extensive list of agencies and organizations in the Metro area and Fulton County with which we collaborate in providing services. Examples include:

1. **Grady Memorial Hospital:** FODAC provides regular and expedited urgent delivery of refurbished medical equipment which hospital staff issue to clients who need it in order to be released from the hospital. Larger items like hospital beds can be delivered and set up directly in the patient's home. This arrangement often results in reduced hospital admissions or shorter stays.
2. **Emory Hospital Therapy:** FODAC provides equipment on request for specific patients.
3. **Children's Hospital of Atlanta:** FODAC renewed an agreement that allowed creation of an on-line directory of available items so that CHOA staff can order items for expedited delivery to their patients. This agreement makes items more readily accessible to children throughout the Metro area. The renewed program is expanding to include all Children's facilities.
4. **Shepherd Spinal Center:** FODAC provides equipment to be used in the PT department for all patients to use such as standers or puff-powered chairs; valued at around \$100,000 per year. Therapists indicate they send at least one person per day to FODAC for items to have at home.
5. **Area Agency on Aging (AAA):** FODAC has an agreement to provide HME to AAA offices around the state. Seven local agencies have completed agreements, including Cobb Senior Services, which coordinates AAA services for the entire Metro Atlanta area.
6. **Blaze Sports:** FODAC provides free wheel chairs for sports activities like basketball and racing for their clients.
7. **Project Walk:** FODAC provides equipment, like standers, for use in their therapy programs to assist clients in learning to walk again.
8. **Georgia Emergency Management Agency:** FODAC maintains a cache of durable medical equipment that can be sent to any disaster shelter or disaster site to be used by clients displaced from their homes or separated from essential equipment and supplies due to a disaster.
9. **Voluntary Organizations Active in Disaster (VOAD):** FODAC is an active member to plan for disaster needs and to coordinate movement of assistive equipment to shelters or to sites where they can be accessed by disaster victims.
10. **Atlanta Regional Commission:** Through a contract for the "Money Follows the Person" program, FODAC is the exclusive provider of HOM and home modifications to persons residing in nursing homes to aid them in returning to independent living.
11. **Georgia Vocational Rehabilitation:** Provides funding to FODAC to support ongoing operations of the HME and Home & Vehicle Modification programs.
12. **Tools for Life:** Provides funding to support ongoing operations for the HME and Home and Vehicle Modification programs; sponsors the display area for clients to try out and view high-tech and very expensive items like low-vision readers, and three-wheeled adult bikes and carriers.

Designation of CSP Funds:

Based on the awarded amount of **\$35,000.00**, 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.)	\$0.00
Operational (25% Operational max of total funds awarded.)	\$8,500.00
Direct Services	\$26,500.00
<i>Total</i>	\$35,000.00

Explanation of Funding Details:

The total Agency Operating Budget for Fiscal Year 2024-25 is \$2,806,000. The budget for the Home Medical Equipment Program is \$2,544,480. The overall budget covers the four main program areas:

1. Home Medical Equipment
2. Home and Vehicle Modification
3. Computer Refurbishing/Assistive Technology
4. Local, National, and International Disaster Relief

The budget for the Home Medical Equipment (HME) Program is \$2,544,480 which covers the necessary expenditures for the proposed plan. All equipment and supplies are donated, and most tools are already on hand. Operations costs are primarily for the facility upkeep and maintenance; the labor and supplies to do the equipment intake, for costs related to equipment pick-up and delivery, truck operations, and warehouse operations. Costs for Direct Services costs include staff for client intake, to assess clients' needs, match equipment to clients, and train them in its use and maintenance, equipment repair and sanitizing operations, chemicals, and some parts and tools. The budget also funds the staff that repair client-owned HME equipment through our repair program. Repairs requiring parts and services that would cost hundreds or thousands of dollars in the retail market are completed at FODAC with donated parts for small buy-in costs ranging from \$25-\$50.

The \$35,000 funding request from Fulton County is only 1.3% of the total HME program budget, and 1.2% of the total agency operating budget, while Fulton County residents comprised 14% of our total client database last year. The value of the items provided is projected to be over \$800,000, well over thirteen times the county's "investment". The actual cost to repair and reissue each item averages around \$150 per item, which would total over \$198,000 for the 1,300 items issued to Fulton residents this past year, and about what we would estimate for the upcoming year. Other donors will make up the difference.

All funds will be used within the 2025 year, with at least 40% expended within the first six months of the year, at least 70% by the end of the third quarter, and the rest expended by the end of the year. The operating budgets are attached below for the 2025 fiscal year for the overall **Agency Budget and the HME Budget**, and the most current audit is attached to the eligibility section at the front of this application.

Program Performance Measures:

Friends of Disabled Adults and Children, Too!, 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: 1. Number of Persons with Disabilities (PWD) included in programs due to increased accessibility...,2. Number of Persons with Disabilities who are self-sufficient or able to live independently...,3. Number of Persons with Disabilities who can focus on overall wellness...

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

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:

There are three CSP County defined performance measurements that will be measured throughout the contract period. These fall under the Disabilities County defined performance measurements:

- Number of persons with disabilities (PWD) included in programs due to increased accessibility, physical environment, transportation, housing, alternative communications.
- Number of persons reporting they are self-sufficient or able to live in their own homes instead of in institutional care.
- Number of persons with disabilities who can focus on overall wellness, including better management of their disability.

Goal 1: Provide 290 Fulton County residents in 2025 with HME or other services such as HME repairs, repair clinics, home/ vehicle modifications or assistive technology. The HME provided will increase accessibility to the client's physical environment, such as their home or their workplace, school, or place of worship. Once a client is issued a wheelchair or other ambulation device, it becomes possible for them to access transportation by Marta Mobility buses or vehicles that have been modified for wheelchairs. Independent movement within their home is enhanced, and the likelihood of falls and injuries is reduced. Assistive technology, available through high-tech software, computers, and other electronic devices, to aid people who are unable to speak clearly or who have limited vision can be tested and tried out to determine their usefulness before deciding to purchase such expensive items.

Method: Track the number of items issued to Fulton residents that assist them to have increased mobility in their homes, and their access to transportation. This includes manual and power wheelchairs, scooters and transporters, ambulation aids (canes, walkers,

etc.), vehicle lifts, and repairs. Clients complete a Registration Form & Client Survey each time they visit. Data on services provided is attached and the information is entered into the FODAC database for tracking. Partner agencies and hospitals that issue FODAC equipment to their clients also have clients complete the forms and return them to FODAC for data entry so that data on their clients can also be tracked. The Registration form captures geographical and demographic information, and information on how the equipment and services will benefit the client. Clients seen at the FODAC headquarters are also asked to provide a copy of their state-issued ID, so we are sure we have accurate and full information. Rosters of participants at repair clinics held at independent and assisted living centers and at FODAC also include this information and are entered into the database. This database is the source of all information used to complete the quarterly reports.

FODAC clients are referred to us from a large network of agencies, organizations, clinicians, and service providers, but clients can come in without a referral. We have paid service contracts with the Area Agency on Aging serving the Metro Atlanta area (Cobb Senior Services) and with several area hospitals (including Grady Hospital and Children's Hospital of Atlanta) to provide them with priority access to HME items that they can issue directly to their clients. This makes items more accessible and has the potential to shorten some hospital stays with earlier release to home care. These hospital agreements increase our outreach to clients in Metro Atlanta and provide another sustainable source of income. Additional agreements are being negotiated with other clinical facilities.

Milestones & Schedule:

- Ongoing: Serve clients Monday-Thursday 9am-5pm fifty-one weeks of the year.
- 1st Quarter: review internal data collection procedures and revise as needed to ensure inclusion of info on all equipment repairs, home and vehicle modifications, bulk deliveries of HME.
- 1st Quarter: review data collection procedures with each partner agency
- Quarterly: Collect data from each partner agency
- Quarters 3-4: Conduct at least one repair clinic at Fulton County residential facilities or targeting Fulton residents as needed.
- Quarterly: Run reports on all clients served, review by organization leadership, and report as required.

Goal 2: At least **60% (168)** of clients will report ability to stay in their own homes and to leave or avoid institutional care with the aid of access to appropriate HME.

Method: The Client Satisfaction Survey requested from all clients includes questions about housing, and clients often add comments about their ability to remain at home. These questions will be reviewed and potentially strengthened to get more information and included in routine tabulation for quarterly reports so that we can more accurately track and report the number of clients who are able to remain in their own homes – either independently or with caregiver support -- instead of in institutional care. Intern or volunteer support is needed to be able conduct additional phone or other surveys to obtain more in-depth data on the impact of HME on clients' living arrangements.

Milestones:

- 1st Quarter: Review and potentially strengthen data collection tool and quarterly report formats
- Quarterly: Run data reports and review and analyze to assess effectiveness of data collection and progress toward goal based on current data collection tools.
- 2nd & 3rd Quarters: Determine resource availability for conducting follow-up impact assessment surveys
- 3rd & 4th Quarter: Potentially revise or redesign survey instruments/ methods
- 4th Quarter: Pilot revised data collection if resources obtained.

Goal 3: Increase the number of persons with disabilities who can focus on overall wellness to at least **203 (70%)** of the total Fulton clients served. With increased mobility and independence, clients can focus on overall wellness, including better management of their disability. Having access to proper equipment promotes movement to prevent muscle atrophy and development of contractures and pressure sores, allows clients to manage their own personal hygiene, improves mental health, and prevents injuries to clients and their caretakers. Management of physical disabilities through mobility is essential to living independently, using public transportation such as MARTA, maintaining a job, attending school and even going for doctor visits. Access to some aids makes it possible for clients to perform some housekeeping chores, prepare and consume meals, and to engage in family activities.

Method: All clients are asked to complete a Client Satisfaction Survey which gathers information on how the equipment provided will help them, the impact it will have on their quality of life and independence, and on their satisfaction with the services provided. Responses are recorded in our Reuse database. Data collection on clients seen through partner agencies is being strengthened.

FODAC staff produce reports based on the client surveys, which are used by senior staff and Management to evaluate effectiveness of service delivery, inclusion of all demographic groups, and appropriate geographic and demographic outreach.

Major milestones to be achieved:

- 1st quarter: Review & potentially revise internal data collection and reporting procedures to improve collection of impact data and inclusion in compilation for quarterly reports.
- 1st quarter: Review any revised data collection procedures with each partner agency
- Ongoing: Monitor effectiveness of data collected. **There are three CSP County defined performance measurements** that will be measured throughout the contract period. These fall under the Disabilities County defined performance measurements:
- Number of persons with disabilities (PWD) included in programs due to increased accessibility, physical environment, transportation, housing, alternative communications.
- Number of persons reporting they are self-sufficient or able to live in their own homes instead of in institutional

care.

- Number of persons with disabilities who can focus on overall wellness, including better management of their disability.

Agency Defined Performance Measure(s):

Our Agency-defined Key Performance Indicators include:

- Number of persons with disabilities who are ready for hospital discharge, who receive the assistive devices they were previously unable to obtain so they can continue their recovery or care at home.
- Number of organizations hosting equipment drives to collect used HME to meet client needs
- The number of sites hosting repair clinics for HME and the number of clients learning how to maintain it and to avoid damage and loss of use.

Goal 1: Increase the number of clients served through Hospitals to Home partnerships by 10%.

Method: The President and CEO and the HME Manager will be responsible for maintaining and growing current partnerships with Fulton-based hospitals such as Grady Memorial Hospital, Children's Healthcare of Atlanta and Emory Hospital. FODAC is currently negotiating funding to include a partnership with Shepherd Spinal Center.

Milestones & Timeline:

- Month 1: Secure service contract with the Shepherd Spinal Center.
- Month 2: Provide opportunities for hospital staff training and education to increase the number of discharge staff who are aware of the hospital to home partnership.
- Month 3: Assess ability to provide more frequent deliveries to meet more demands. Work with Logistics Manager and DME manager to coordinate urgent needs.
- Month: Begin regular deliveries to the Shepherd Spinal Center.
- Quarterly: Access program deliverables and adjust staff needs as necessary for program success.

Goal 2: Identify and secure at least 2 new host sites for HME equipment drives to increase the availability of HME available to all clients.

Method: Program Development Director will identify and secure new locations among civic organizations, churches, neighborhood associations, cities and companies to host drives and provide awareness for FODAC's HME needs in the community. FODAC's Marketing Coordinator will provide social media support in partnership with the host group.

Milestones & Timeline:

- Month 1 & 2: Identify 10 target groups in the metro area who would be a good fit for an equipment drive.
- Month 2-4: Communicate needs and secure dates for a minimum of 2 equipment drives with new partner or supporter.
- Month 3-6: Provide marketing collateral and social media support to assist with equipment drive promotion. Add dates to community calendar to build awareness.
- Month 6-12: Implement equipment drives on selected date. Provide staff support during the event along with 20ft box truck for equipment collections.
- Month 6-12: Return donated equipment to the FODAC facility for sanitization and repair before reissuing to those in need.

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 **\$35,000.00.**

(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:

**Friends of Disabled Adults and Children, Too!, Inc.
4900 Lewis Road
Stone Mountain, Georgia 30083**

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 **Friends of Disabled Adults and Children, Too!, 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.



F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Friends of Disabled Adults and Children (FODAC)
Project No. and Project Title:	The Home Medical Equipment 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:

260655

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

03/05/2025

Date of Authorization

Chris Brand

Authorized Officer or Agent
(Name of Contractor)

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

Chris Brand

Printed Name (of Authorized Officer or Agent of Contractor)

Chris Brand
Signature (of Authorized Officer or Agent)

President/CEO

Title (of Authorized Officer or Agent of Contractor)

03/05/2025

Date Signed

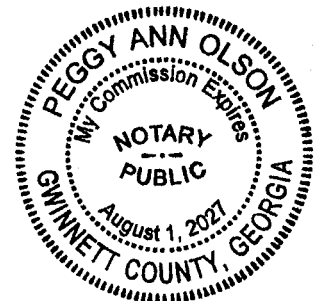
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

5 DAY OF March, 2025

Peggy Ann Olson Peggy Ann Olson [NOTARY SEAL]

Notary Public

My Commission Expires: 6/1/2027



* 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).



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Friends of Disabled Adults and Children (FODAC)
Project No. and Project Title:	The Home Medical Equipment Program

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.

N/A

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

N/A

Date of Authorization

N/A

Authorized Officer of Agent
(Name of Subcontractor)

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

N/A

Printed Name (of Authorized Officer or Agent of Contractor)

N/A

Title (of Authorized Officer or Agent of Contractor)

N/A

Signature (of Authorized Officer or Agent)

N/A

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF N/A, 20__

N/A

Notary Public

[NOTARY SEAL]

My Commission Expires: N/A

* 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).



FRIE0FD-01

SSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

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 Legacy Risk Solutions, LLC PO Box 2976 Gainesville, GA 30503	CONTACT NAME: Sheila Smith PHONE (A/C, No, Ext): (678) 775-0520 FAX (A/C, No): (678) 775-0521 E-MAIL ADDRESS: ssmith@legacyrisksolutions.com												
INSURER(S) AFFORDING COVERAGE													
INSURED Friends of Disabled Adults and Children Too Inc 4900 Lewis Rd Stone Mountain, GA 30083	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A : Philadelphia Indemnity Insurance Company</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER B : Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER C : United States Liability Insurance Company</td> <td>25895</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Philadelphia Indemnity Insurance Company	NAIC #	INSURER B : Wesco Insurance Company	25011	INSURER C : United States Liability Insurance Company	25895	INSURER D :		INSURER E :		INSURER F :	
INSURER A : Philadelphia Indemnity Insurance Company	NAIC #												
INSURER B : Wesco Insurance Company	25011												
INSURER C : United States Liability Insurance Company	25895												
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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR </div> <div style="text-align: center;">X</div> </div> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2683247	5/1/2025	5/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 2,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 2,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
MED EXP (Any one person)	\$ 5,000																				
PERSONAL & ADV INJURY	\$ 2,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
	AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB910490	5/1/2025	5/1/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000		\$								
EACH OCCURRENCE	\$ 2,000,000																				
AGGREGATE	\$ 2,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WSS3778083	5/6/2025	5/6/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 500,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000		
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT		\$ 500,000																			
E.L. DISEASE - EA EMPLOYEE		\$ 500,000																			
E.L. DISEASE - POLICY LIMIT		\$ 500,000																			
C	Directors & Officers			NDO1550816M	9/10/2024	9/10/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Aggregate</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	Aggregate	\$ 1,000,000												
Aggregate	\$ 1,000,000																				

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

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 141 PRYOR ST SW
 Atlanta, GA 30303-3408

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



FRIE0FD-01

JGEORGE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2025

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 Snellings Walters Insurance Agency 5 Concourse Pkwy Suite 2700 Atlanta, GA 30328-5350	CONTACT NAME: Connect Unit PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: clmail@snellingswalters.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Selective Insurance Group*	
NAIC # 19259	
INSURED	
Friends of Disabled Adults & Children, Too! Inc. 4900 Lewis Rd Stone Mountain, GA 30083-1104	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	S 1908667	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
141 Pryor St
Atlanta, GA 30303-3408

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

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


OWNER:


CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME

Friends of Disabled Adults and
Children, Too!, Inc.

DocuSigned by:

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


Signed by: Name of Signatory: Michelle Kaster

Name of Signatory: Assistant Development Director
9C4B77AFFB294CC...
Authorized Signature

ATTEST:

ATTEST:

Signed by:

EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

DocuSigned by Name of 2nd Signatory: Peggy Olson

Name of 2nd Signatory: Accounting
89731F919C49489...
Second Authorized Signature

(Affix County Seal)




(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

5E4D76DFB4A0450...
Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

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


Certificate Of Completion

Envelope Id: 2333DC29-E6BC-4F71-B95F-7682A95C03F5		Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-FODAC, Tool, Inc.-BOC Agenda#25-0398		
Parcel ID:		
Employee Name:		
Source Envelope:		
Document Pages: 30	Signatures: 6	Envelope Originator:
Certificate Pages: 7	Initials: 0	Cherie Williams
AutoNav: Enabled	Stamps: 1	141 Pryor Street
Envelopeld Stamping: Enabled		Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Atlanta, GA 30303
		Cherie.Williams@fultoncountyga.gov
		IP Address: 166.137.175.49

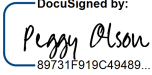
Record Tracking

Status: Original	Holder: Cherie Williams	Location: DocuSign
6/20/2025 10:45:53 PM	Cherie.Williams@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Michelle Kaster michellekaster@fodac.org Security Level: Email, Account Authentication (None)	<div>Signed by:  9C4B77AFFB294CC...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 2603:3001:11bf:c200:95b9:11d5:b745:9b78</div>	Sent: 6/20/2025 10:51:03 PM Resent: 6/23/2025 9:18:36 AM Viewed: 6/23/2025 9:26:41 AM Signed: 6/23/2025 9:30:06 AM

Electronic Record and Signature Disclosure:
Accepted: 6/23/2025 9:26:41 AM
ID: 2ee87823-7bac-412d-81b2-6b90c4a6e3be

Peggy Olson peggyolson@fodac.org FODAC Security Level: Email, Account Authentication (None)	<div>DocuSigned by:  89731F919C49489...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 2603:3001:11bf:c200:91b8:e068:e03:5c28</div>	Sent: 6/23/2025 9:30:08 AM Viewed: 6/23/2025 9:32:24 AM Signed: 6/23/2025 9:32:57 AM
--	---	--

Electronic Record and Signature Disclosure:
Accepted: 6/20/2024 2:07:38 PM
ID: 7208dad8-d822-4c44-8139-b4c99a05e168

Mark Hawks2 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None)	<div>Completed</div> <div>Using IP Address: 74.174.59.4</div>	Sent: 6/23/2025 9:32:59 AM Viewed: 6/23/2025 11:53:03 AM Signed: 6/23/2025 11:53:16 AM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by:  5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/23/2025 11:53:18 AM Resent: 6/24/2025 9:45:10 AM Viewed: 6/24/2025 12:15:09 PM Signed: 6/24/2025 12:15:35 PM
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: 24.99.91.51	Sent: 6/24/2025 12:15:37 PM Viewed: 6/24/2025 2:12:06 PM Signed: 6/24/2025 2:14:28 PM
Electronic Record and Signature Disclosure: Accepted: 6/24/2025 2:12:06 PM ID: 14088035-b95e-46cb-8afd-cf164facf1d8		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/24/2025 2:14:31 PM Viewed: 6/24/2025 2:16:05 PM Signed: 6/24/2025 2:16:56 PM
Electronic Record and Signature Disclosure: Accepted: 6/24/2025 2:16:05 PM ID: 821c0c29-77f7-4db3-9739-f7545b6fb44e		
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: 6/24/2025 2:16:58 PM Resent: 6/25/2025 1:10:28 PM Viewed: 6/27/2025 2:55:05 PM Signed: 6/27/2025 2:55:20 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:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 2:55:23 PM Resent: 6/30/2025 11:55:48 AM Viewed: 6/30/2025 12:02:21 PM Signed: 6/30/2025 12:02:28 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 12:02:30 PM Viewed: 7/1/2025 10:16:11 AM Signed: 7/1/2025 10:16:29 AM
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4 Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 7/1/2025 10:16:32 AM Resent: 7/3/2025 10:43:47 AM Viewed: 7/9/2025 10:17:55 AM Signed: 7/9/2025 10:18:01 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	<div>COPIED</div>	Sent: 6/20/2025 10:51:01 PM Viewed: 7/9/2025 10:23:21 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	<div>COPIED</div>	Sent: 6/20/2025 10:51:02 PM Resent: 7/9/2025 10:18:08 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	<div>COPIED</div>	Sent: 6/20/2025 10:51:02 PM Viewed: 7/9/2025 10:24:01 AM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 7/9/2025 10:18:04 AM Viewed: 7/9/2025 10:23:51 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/20/2025 10:51:02 PM
Certified Delivered	Security Checked	7/9/2025 10:17:55 AM
Signing Complete	Security Checked	7/9/2025 10:18:01 AM
Completed	Security Checked	7/9/2025 10:18:04 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

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 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 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 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.