



**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 **Zaban Paradies Center for Homeless Couples, 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**

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## **ARTICLE I - PARTIES AND TERM:**

(a) Fulton County, through its YCS, retains Contractor, and Contractor accepts retention by Fulton County to render the services as hereinafter defined and required; to perform such services in a manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

(b) The Chairperson of the Board of Directors for the Contractor or authorized representative (hereinafter "Board Chair") represents that she/he is authorized to bind and enter into contracts on behalf of Contractor, including this Agreement.

(c) Nothing contained in this Agreement shall be constructed to be a waiver of Fulton County's sovereign immunity or any individual's official or qualified good faith immunity.

(d) This Agreement will remain in effect from **01/01/2025**, 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:** Homelessness

**CSP Funding Priority(ies):**

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Not Applicable

**Health and Wellness:** Not Applicable

**Homelessness:** 6. Emergency Financial Assistance supported by case management and other supportive services...

**Senior Services:** Not Applicable

**Zaban Paradies Center for Homeless Couples, Inc., Financial Assistance For Fulton Residents Facing Homelessness** 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:** 07/01/2025

**End date:** 12/31/2025

**Service Delivery Site(s):**

| <b>Name of Program Site</b> | <b>Program Location (complete physical address)</b> | <b>Program City</b> | <b>Program State</b> | <b>Program Zip code</b> | <b>Fulton County District of the program (Facility) location</b> | <b>District(s) of Fulton County Residents Served by the program (facility) location</b> |
|-----------------------------|-----------------------------------------------------|---------------------|----------------------|-------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Zaban Paradies Center       | 1605 Peachtree St. NE, Second Floor                 | Atlanta             | GA                   | 30309                   | 3                                                                | 1,2,3,4,5,6                                                                             |

**Approach and Design:**

**Zaban Paradies Center for Homeless Couples, Inc., Financial Assistance For Fulton Residents Facing Homelessness** will provide services to **10** clients that reside in Fulton County, with CSP funding.

**Zaban Paradies Center for Homeless Couples, Inc., Financial Assistance For Fulton Residents Facing Homelessness** will provide the following activities and services in Fulton County with CSP funding:

Since 2020, ZPC has provided homeless prevention services for Fulton County and City of Atlanta households. During the 2023-2024 contract period with Partners for HOME, ZPC successfully diverted 145 unduplicated households from homelessness. In 2024, ZPC had 226 clients exit into permanent housing from either our Rapid Rehousing, Couple’s Emergency Shelter, or Street Outreach programs. Of those 226, only 5 individuals returned to homelessness after 180 days. In November of 2024, ZPC was awarded two grants through United Way of Greater Atlanta aimed at reducing homelessness in Metropolitan

Atlanta. The Home Again program assists City of Atlanta residents, with minors or seniors in the household, with move-in payments or eviction prevention payments. The Street to Home program assists Metropolitan Atlanta residents experiencing homelessness with move-in payments. To date, ZPC has assisted 52 households through the Home Again program and 48 households through the Street to Home program. Our approach for implementing services with Fulton CSP funding will be similar to the aforementioned programs and will be as follows:

1. Financial Assistance - ZPC will provide a maximum of \$2,000 in financial assistance for 10 households. These households will receive move-in assistance including application fees, security deposit, administrative fees, and/or first-month's rent. ZPC currently employs an internal review process which allows for verification of and payment to vendors within 48 hours of all necessary documents received. Individuals are identified for the program through a help form on our website, calls from residents in need, and referrals from community partners. Current referral partners include City of Atlanta's Housing Help Center, Georgia State University, Kennesaw State University, Project Community Connections, Inc., Open Doors, ARCHI, and landlords.
2. Documentation - All assistance, identification, and other relevant documents will be uploaded and tracked via HMIS.
3. Inter-Agency Partnerships - As part of the Atlanta CoC, ZPC partners with a number of community agencies including Gateway Center, Open Doors, The City of Atlanta's Housing Help Center, ARCHI, Crossroads, Project Community Connections, Inc., Our House, First Step Staffing, and First Presbyterian. These partnerships allow us to network on behalf of clients and ensure they are connected to the resources they need. This proposed program will specifically work closely with Open Doors to identify affordable and sustainable housing options in Fulton County for clients.

By using the approaches mentioned above, ZPC plans to address multiple Fulton CSP funding priorities, as well as Fulton Health and Human Service KPIs. As with all other programs ZPC operates, clients enrolled in this funded program will have their data entered into HMIS. In doing so, we can easily track the percentage change in the homeless population each year as well as the number of people who receive housing support services. Additionally, HMIS allows for performance tracking in regards to insurance status, community-based services received, disability condition, and other demographic indicators. This information is easily accessible and will be reported to Fulton County as requested through program requirements. This program will mainly prioritize Emergency Financial Assistance, as outlined by the Fulton CSP funding priorities under the Homeless Services category.

Specifically, we will measure the following KPI's identified by Fulton CSP:

1. Number of individuals receiving Emergency Financial Assistance.
2. Number of individuals assisted through rapid re-housing (in this case, placed into permanent housing with one-time financial assistance).

### **Designation of CSP Funds:**

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

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

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

***Direct Service Expenditures***- CSP funds utilized to provide services directly to agency/program participants such as payments made on behalf of participants for rent, utilities, food, shelter, transportation (rentals, gas, and parking, bus drivers, participant's public transportation costs, etc.), scholarships and day care vouchers, salaries and fringe benefits for direct service personnel (Case Managers, Educators, Subcontractors, etc.), program supplies (educational/instructional materials, paper, pencils, markers, etc.) directly consumed by participants. Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

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

| Cost Category                                                       | Designation of CSP Funding Award |
|---------------------------------------------------------------------|----------------------------------|
| <b>Administrative</b><br>(5% Admin max of total funds awarded.)     | \$1,500.00                       |
| <b>Operational</b><br>(25% Operational max of total funds awarded.) | \$0.00                           |
| <b>Direct Services</b>                                              | \$28,500.00                      |
| <i>Total</i>                                                        | \$30,000.00                      |

#### **Explanation of Funding Details:**

Zaban Paradies Center is grateful to be awarded \$30,000 from the Fulton County Community Services Program. With this funding, we plan to alleviate homelessness in Fulton County by assisting residents with rental assistance. This assistance will include paying move-in fees, rent, and other related costs that typically present as barriers to housing. The proposed budget will be implemented during the second performance reporting period of July through December. The total funding breakdown includes \$1,500 for administrative costs and \$28,500 for direct service costs. The direct service costs will be allocated for two personnel. Our agency will leverage these Direct Services personnel funds from the Fulton County Community Services Program with move-in assistance funds from other funding sources to best serve individuals experiencing homelessness in Fulton County.

The Direct Service personnel funds of \$28,500 will be split between two FTEs. These individuals include an Assistance Coordinator at 50% time for July-December 2025 and a Performance Manager at 40% time for July-December 2025. Direct Service personnel costs include salary, payroll tax expenses, fringe benefits, and other associated personnel costs such as payroll fees and workers' compensation insurance. Together, the Assistance Coordinator and Performance Manager will identify clients, verify eligibility, process payment requests, provide case coordination, and identify sustainable housing solutions for clients in Fulton County throughout the entire grant period. They will also coordinate payments with landlords to facilitate prompt move-ins for our households served. These two team members will serve at least 10 households in Fulton County during the July to December reporting period. Each household served will receive up to \$2,000 in financial assistance for move-in costs, secured from a separate funding source in partnership with United Way of Greater Atlanta. By matching funds from Fulton County for personnel with move-in funds from United Way of Greater Atlanta, we will effectively serve Fulton County residents who need move-in support. As this is an ongoing project, we plan to implement Fulton County CSP funds during the July-December contract period. Funds will not be used during the January-June period, allowing for a more concentrated effort during the second time frame after we were alerted of funding approval. Our current Financial Assistance programs remain in operation and are planned to continue through other funding sources throughout the first contract reporting period (January to June) and into the 2<sup>nd</sup> reporting period (July to December).

### **Program Performance Measures:**

**Zaban Paradies Center for Homeless Couples, Inc. agrees to track and report program performance to the Fulton County Department of Community Development.**

#### **County Defined Performance Measure(s):**

**Children and Youth:** Not Applicable

**Disabilities:** Not Applicable

**Economic Stability:** Not Applicable

**Health and Wellness:** Not Applicable

**Homelessness:** 2. Number of individuals assisted through rapid re-housing, 7. Number of individuals



receiving emergency financial assistance

**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:**

Through the duration of the contract period, we will track and report on the number of individuals who are rapidly placed into housing with housing relocation and stabilization services and one-time rental assistance, as well as the number of individuals who received emergency financial assistance. All clients are enrolled in HMIS, where we document housing status at entry and exit. In order to be enrolled or exited from a program, income data must also be reported. Additionally, all case management and financial assistance services are tracked in HMIS allowing for efficient reporting of the number of individuals that receive emergency financial assistance and the amounts of assistance.

Due to existing programming funded through United Way of Greater Atlanta, we have the internal infrastructure in place to achieve the above performance indicators. Our referral process involves an online survey that screens clients based on eligibility requirements and needs. Because of its digital nature, the form for seeking assistance is accessible to any individual in need of it and does not require a formal case manager referral. Once clients have been screened, the Assistance Coordinator collects their documents and communicates with property managers to secure payment details. These procedures allow for an efficient move-in process and are an effective means of reducing homelessness. Our granted funding of \$30,000 would support personnel costs for our Assistance Coordinator, who provides a first level of review, and our Performance Manager, who provides a 2<sup>nd</sup> level of review before financial assistance is approved. A minimum of 10 households from Fulton County will be assisted with financial assistance for move-in funds during the six month performance reporting period. Our current Financial Assistance programming has a proven track record of success, and shows that we would easily maintain performance standards as set by the county.

### **Agency Defined Performance Measure(s):**

In addition to county defined performance measures, we have the internal capability of tracking a number of KPIs. By using HMIS, we can also track this program's performance based on recidivism rate, document readiness, and continued case management. HMIS has a built-in “return to homelessness” tool, which makes reporting on recidivism simple. We would expect 90% of households that received assistance through Fulton CSP funding will remain housed after six months. By tracking the number and frequency of case notes entered in regards to a client, we will be able to track and report on their communication with our staff and the services received. Document status is crucial in preventing homelessness, and we will digitally file all client

documents in HMIS. If a client presents without necessary documentation, we will work with them to obtain the necessary information to become document ready. We expect 90% of clients will be or become document ready while enrolled in our program.

### **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 31<sup>st</sup> of the contract year. All funds that are not spent by this date must be reimbursed to Fulton County Government within 30 days of written request. A Contractor's failure to adhere to this requirement will result in one or more of the following: inability to receive future funding from Fulton County, and/or legal action against the agency to recoup funding that are not reimbursed by the deadline.

## **ARTICLE III - COMPENSATION FOR SERVICES**

(a) Fulton County agrees to pay Contractor a maximum sum of **\$30,000.00.**

(b) Upon receipt and approval of Contractor's invoice delineating projected expenditures for the first six months of the contracting period. Upon receipt and approval of said invoice, County shall pay Contractor the first six months of compensation provided for by this Agreement. The Contractor shall provide Fulton County with a second invoice delineating projected expenditures for the remaining six months of the Agreement Term. Upon receipt and approval of said invoice, Fulton County shall pay Contractor the second six months of compensation provided by this Agreement. **A failure by Contractor to submit the invoice for the first and/ or second six months of the contracting period will constitute a breach of this Agreement.**

(c) If through any cause, Contractor shall fail to fulfill its obligation under this Agreement in a timely and proper fashion or in the event that any of the provision or stipulations of this Agreement are violated by Contractor, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon Contractor of Fulton County's intent to suspend or terminate this Agreement. If the Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving only the compensation for work performed in a manner satisfactory to Fulton County up to and including the date of the written termination notice.

(d) The Contractor agrees and understands that all expenditures must be consistent with the scope and purpose of this Agreement, and expenditures must be consistent with the guidelines and definitions established in **2025 Community Services Program 25RFP020325C-MH**, which is hereby incorporated by reference herein and made a part of this agreement. The County reserves the right to approve and reject payment for expenditures which are not consistent with the scope and purpose of this Agreement, and which the County determines are not consistent with the guidelines and definitions established in the Community Services Program RFP.

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

#### **ARTICLE IV - RECORD KEEPING**

(a) Contractor shall maintain accurate records of the expenditure and disposition of funds, and such records must be in accordance with good accounting practices, and made available for inspection and audit by Fulton County at a time mutually agreeable to parties and upon thirty (30) days' notice to contractor.

(b) All reports and communications, with supportive documentation consistent with contract

provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

(c) A performance report, with supportive documentation consistent with provisions of the Agreement outlined in Article II, must be provided to Fulton County no later than **July 18, 2025 for the period January 1, 2025-June 30, 2025; and January 16, 2026 for the period July 1, 2025-December 31, 2025.**

(d) Contractor shall be responsible for sending staff representation to mandatory meetings that will be sponsored by the Fulton County Department of Community Development. Contractor will be notified in advance of said meetings.

(e) All notices, program reports and other communications required to be given under this Contract shall be sufficient if in writing and either delivered via e-mail, personally or sent by postage, prepaid, certified or registered United States mail, return receipt requested, or e-mail addressed as follows:

To Fulton County:

**Department of Community Development**  
**c/o: Youth and Community Services Division**  
**[hsd.grants@fultoncountyga.gov](mailto:hsd.grants@fultoncountyga.gov)**  
**137 Peachtree Street, SW**  
**Atlanta, Georgia 30303**

To Contractor:

**Zaban Paradies Center for Homeless Couples, Inc.**  
**1605 Peachtree Street, NE 2nd Floor**  
**Atlanta, Georgia 30309**

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 **Zaban Paradies Center for Homeless Couples, 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:             | Zaban Paradies Center for Homeless Couples, Inc.                                                             |
| Project No. and Project Title: | 30054 - Financial Assistance for Fulton Residents Facing Homelessness (2971-2025 Community Services 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:

1753590

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

Oct 28, 2021

Date of Authorization

Daniel Lester-Drew

Authorized Officer or Agent  
(Name of Contractor)

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

Daniel Lester-Drew

Printed Name (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Executive Director

Title (of Authorized Officer or Agent of Contractor)

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

6<sup>th</sup> DAY OF March, 2025

Hafiz Maru  
Notary Public

My Commission Expires:

May 31<sup>st</sup>, 2027

[NOTARY SEAL]



\* 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

|                                       |                                                                                                              |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Contractor's Name:</b>             | Zaban Paradies Center for Homeless Couples, Inc.                                                             |
| <b>Project No. and Project Title:</b> | 30054 - Financial Assistance for Fulton Residents Facing Homelessness (2971-2025 Community Services 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.

1753590

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

Oct 28, 2021

Date of Authorization

Daniel Lester-Drew

Authorized Officer of Agent  
(Name of Subcontractor)

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

Daniel Lester-Drew

Printed Name (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Executive Director

Title (of Authorized Officer or Agent of Contractor)

Date Signed

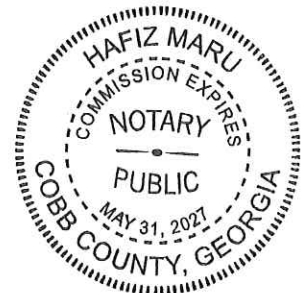
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

5<sup>th</sup> DAY OF March, 2021

Notary Public

My Commission Expires: May 31<sup>st</sup>, 2027

[NOTARY SEAL]



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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2025

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).

|                                                                                                  |                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Rhodes Risk Advisors<br>3050 Peachtree Rd NW<br>Suite 200<br>Atlanta GA 30305 | <b>CONTACT NAME:</b> Kristin Cooper<br><b>PHONE (A/C, No, Ext):</b> (404) 996-0306 <b>FAX (A/C, No):</b> (404) 806-4335<br><b>E-MAIL ADDRESS:</b> kristin.cooper@rhodesra.com |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                             |                                                                                                                                                                               |
| <b>INSURER A:</b> Philadelphia Indemnity Insurance Company                                       |                                                                                                                                                                               |
| <b>INSURER B:</b>                                                                                |                                                                                                                                                                               |
| <b>INSURER C:</b>                                                                                |                                                                                                                                                                               |
| <b>INSURER D:</b>                                                                                |                                                                                                                                                                               |
| <b>INSURER E:</b>                                                                                |                                                                                                                                                                               |
| <b>INSURER F:</b>                                                                                |                                                                                                                                                                               |

**COVERAGES** **CERTIFICATE NUMBER:** 25/26 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                       |           |          | PHPK2654374-010 | 02/17/2025              | 02/17/2026              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                            |           |          |                 |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC     |           |          |                 |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | OTHER:                                                                                                        |           |          |                 |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          |                                                                                                               |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|          |                                                                                                               |           |          |                 |                         |                         | \$                                                   |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                                                   |           |          | PHPK2654374-010 | 02/17/2025              | 02/17/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | <input type="checkbox"/> ANY AUTO                                                                             |           |          |                 |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                            |           |          |                 |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          |                                                                                                               |           |          |                 |                         |                         | \$                                                   |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>                                                      |           |          | PHUB900232-004  | 02/17/2025              | 02/17/2026              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> <b>EXCESS LIAB</b>                                                                   |           |          |                 |                         |                         | AGGREGATE \$ 1,000,000                               |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                          |           |          |                 |                         |                         | \$                                                   |
|          | DED <input checked="" type="checkbox"/> RETENTION \$                                                          |           |          |                 |                         |                         | \$                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                          |           |          |                 |                         |                         | PER STATUTE OTH-ER                                   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                   | Y / N     |          |                 |                         |                         | E.L. EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                        |           | N / A    |                 |                         |                         | 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 is included as Additional Insured as respects the General Liability policy, pursuant to and subject to the policy's terms, conditions, definitions and exclusions.

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                     |                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fulton County Government<br>141 Pryor St SW<br><br>Atlanta GA 30303 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Mike D...</i></p> |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2025

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).

| <b>PRODUCER</b><br>Hamby & Aloisio Inc.<br>53 Perimeter Center East #400<br><br>Atlanta GA 30346                                | <b>CONTACT NAME:</b> Judith Davis<br><b>PHONE (A/C, No, Ext):</b> (770) 551-3270 <b>FAX (A/C, No):</b> (770) 551-3289<br><b>E-MAIL ADDRESS:</b> judith@hains.com<br><table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Healthcare Mutual Captive Ins.</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> Healthcare Mutual Captive Ins. |  | <b>INSURER B:</b> |  | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE                                                                                                   | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> Healthcare Mutual Captive Ins.                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>Zaban Paradies Center for Homeless Couples, Inc, DBA: Zaban<br>1605 Peachtree Street, NE<br><br>Atlanta 30309 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                                  |  |                   |  |                   |  |                   |  |                   |  |                   |  |

**COVERAGES****CERTIFICATE NUMBER:** 2025-2026**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        | <b>COMMERCIAL GENERAL LIABILITY</b>                                                            |                                                       |          | 050-000988-25 | 01/01/2025              | 01/01/2026              | EACH OCCURRENCE                                                                 |                          |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                                       |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       |                          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                                       |          |               |                         |                         |                                                                                 | MED EXP (Any one person) |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                       |          |               |                         |                         | PERSONAL & ADV INJURY                                                           |                          |
|          | OTHER:                                                                                         |                                                       |          |               |                         |                         | GENERAL AGGREGATE                                                               |                          |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                                       |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                             |                          |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                                       |          |               |                         |                         | BODILY INJURY (Per person)                                                      |                          |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS             |                                                       |          |               |                         |                         | BODILY INJURY (Per accident)                                                    |                          |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY        |                                                       |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                                  |                          |
|          |                                                                                                |                                                       |          |               |                         |                         |                                                                                 |                          |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                                            |                                                       |          |               |                         |                         | EACH OCCURRENCE                                                                 |                          |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                        |                                                       |          |               |                         |                         | AGGREGATE                                                                       |                          |
|          | DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                             |                                                       |          |               |                         |                         |                                                                                 |                          |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                                       |          | 050-000988-25 | 01/01/2025              | 01/01/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y / N                                                 |          |               |                         |                         | E.L. EACH ACCIDENT                                                              |                          |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         | <input type="checkbox"/> Y <input type="checkbox"/> N | N / A    |               |                         |                         | 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<br>141 Pryor St SW<br><br>Atlanta GA 30303-3408 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Vicki M. Hamby</i></p> |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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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.

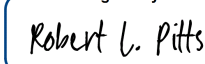
OWNER:

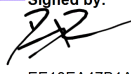
CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME

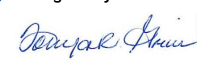
Zaban Paradies Center for Homeless Couples, Inc.

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

Signed by: Name of Signatory: Daniel Lester-Drew  
  
Title of Signatory: Executive Director  
EE18EA47B1A14D9...  
Authorized Signature

ATTEST:

ATTEST:

Signed by:  
  
EEC476C4837648D...  
Tonya R. Grier  
Clerk to the Commission

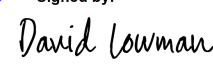
DocuSigned by Name of 2nd Signatory: Scott Edlein  
  
Title of 2nd Signatory: co Chair BOD for Zaban Paradies Cet  
704F74FAF583443...  
Second Authorized Signature

(Affix County Seal)

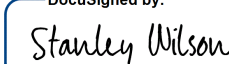


(Affix Corporate Seal, if applicable)

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: BDBDE050-462A-4543-AD65-452D3B74F051

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Zaban Paradies Ctr for Homeless Couples, Inc.-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 23

Certificate Pages: 7

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Signatures: 6

Initials: 0

Stamps: 1

Envelope Originator:

Cherie Williams

141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.175.49

## Record Tracking

Status: Original

6/20/2025 10:27:09 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Cherie Williams

Cherie.Williams@fultoncountyga.gov

Pool: StateLocal

Pool: Fulton County Government

Location: DocuSign

Location: Docusign

## Signer Events

Daniel Lester-Drew

dlester-drew@zabanparadiescenter.org

Executive Director

Security Level: Email, Account Authentication (None)

## Signature

Signed by:

EE18EA47B1A14D9...

Signature Adoption: Drawn on Device

Using IP Address:

2600:1700:1c50:6360:c041:7453:4d28:c920

## Timestamp

Sent: 6/20/2025 10:32:18 PM

Resent: 6/23/2025 9:18:30 AM

Viewed: 6/24/2025 9:04:17 AM

Signed: 6/24/2025 9:13:38 AM

## Electronic Record and Signature Disclosure:

Accepted: 6/24/2025 9:04:17 AM

ID: 33680757-36a9-406f-86fd-1157340a1b0d

Scott Edlein

s.edlein@gmail.com

President

You Should Eat! Inc.

Security Level: Email, Account Authentication (None)

DocuSigned by:

704E74FAF583443...

Signature Adoption: Pre-selected Style

Using IP Address: 2600:387:f:5c19::a

Signed using mobile

Sent: 6/24/2025 9:13:41 AM

Resent: 6/25/2025 1:02:17 PM

Viewed: 6/25/2025 1:04:35 PM

Signed: 6/25/2025 1:06:23 PM

## Electronic Record and Signature Disclosure:

Accepted: 8/28/2023 12:58:14 PM

ID: 92de5b26-63d6-4683-820b-9349c0721539

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication (None)

**Completed**

Using IP Address: 45.20.200.178

Sent: 6/25/2025 1:06:25 PM

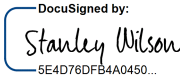
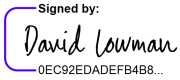
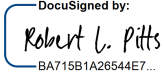
Viewed: 6/25/2025 1:07:45 PM

Signed: 6/25/2025 1:07:56 PM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign



| Signer Events                                                                                                                                                                               | Signature                                                                                                                                                                                                                                                                                                | Timestamp                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Stanley Wilson<br>Stanley.Wilson@fultoncountyga.gov<br>Director<br>Stanley Wilson<br>Security Level: Email, Account Authentication (None)                                                   | DocuSigned by:<br><br>5E4D76DFB4A0450...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 75.43.132.102                                                                                               | Sent: 6/25/2025 1:07:58 PM<br>Viewed: 6/25/2025 4:21:22 PM<br>Signed: 6/25/2025 4:21:29 PM                               |
| <b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                              |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| Lauren Hansford<br>lauren.hansford@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None)                                                                               | <b>Completed</b><br><br>Using IP Address: 74.174.59.4                                                                                                                                                                                                                                                    | Sent: 6/25/2025 4:21:33 PM<br>Viewed: 6/30/2025 10:10:16 AM<br>Signed: 6/30/2025 10:11:27 AM                             |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 6/30/2025 10:10:16 AM<br>ID: f8330368-17ba-4a46-b74f-5d509129a47a                                                           |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| David Lowman<br>David.Lowman@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None)                                                                                     | Signed by:<br><br>0EC92EDADEFB4B8...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 74.174.59.4                                                                                                     | Sent: 6/30/2025 10:11:29 AM<br>Viewed: 6/30/2025 10:12:22 AM<br>Signed: 6/30/2025 10:12:56 AM                            |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 6/30/2025 10:12:22 AM<br>ID: e2671918-3d09-459b-9a59-f8e7fe404692                                                           |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| Nikki Peterson<br>nikki.peterson@fultoncountyga.gov<br>Chief Deputy Clerk to the Board of Commissioners<br>Fulton County Government<br>Security Level: Email, Account Authentication (None) | <b>Completed</b><br><br>Using IP Address: 166.137.19.31                                                                                                                                                                                                                                                  | Sent: 6/30/2025 10:12:58 AM<br>Resent: 7/2/2025 2:19:54 PM<br>Viewed: 7/2/2025 3:37:25 PM<br>Signed: 7/2/2025 3:41:59 PM |
| <b>Electronic Record and Signature Disclosure:</b><br>Accepted: 11/27/2017 1:39:37 PM<br>ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8                                                           |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| Robert L. Pitts<br>michael.oconnor@fultoncountyga.gov<br>Fulton County<br>Security Level: Email, Account Authentication (None)                                                              | DocuSigned by:<br><br>BA715B1A26544E7...<br><br>Signature Adoption: Pre-selected Style<br>Using IP Address: 68.208.197.4                                                                                              | Sent: 7/2/2025 3:42:04 PM<br>Viewed: 7/2/2025 4:24:55 PM<br>Signed: 7/2/2025 4:24:59 PM                                  |
| <b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                              |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |
| Tonya Grier<br>tonya.grier@fultoncountyga.gov<br>Clerk to the Commission<br>Fulton County<br>Security Level: Email, Account Authentication (None)                                           | Signed by:<br><br>EEC476C4837648D...<br><br><br><br>Signature Adoption: Uploaded Signature Image<br>Using IP Address: 99.96.24.191 | Sent: 7/2/2025 4:25:01 PM<br>Viewed: 7/2/2025 7:18:30 PM<br>Signed: 7/2/2025 7:18:42 PM                                  |
| <b>Electronic Record and Signature Disclosure:</b>                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |                                                                                                                          |

| Signer Events                                                                                                                                                                                                                                                                                                                                       | Signature                                               | Timestamp                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Accepted: 3/16/2018 10:54:59 AM<br>ID: f3f241e8-3027-4447-9476-6cf20ae25dd4<br><br>Mark Hawks3<br>mark.hawks@fultoncountyga.gov<br>Chief Assistant Purchasing Agent<br>Purchasing and Contract Compliance<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign | <b>Completed</b><br><br>Using IP Address: 45.20.200.178 | Sent: 7/2/2025 7:18:45 PM<br>Viewed: 7/3/2025 2:02:13 PM<br>Signed: 7/3/2025 2:02:17 PM |
| In Person Signer Events                                                                                                                                                                                                                                                                                                                             | Signature                                               | Timestamp                                                                               |
| Editor Delivery Events                                                                                                                                                                                                                                                                                                                              | Status                                                  | Timestamp                                                                               |
| Agent Delivery Events                                                                                                                                                                                                                                                                                                                               | Status                                                  | Timestamp                                                                               |
| Intermediary Delivery Events                                                                                                                                                                                                                                                                                                                        | Status                                                  | Timestamp                                                                               |
| Certified Delivery Events                                                                                                                                                                                                                                                                                                                           | Status                                                  | Timestamp                                                                               |
| Carbon Copy Events                                                                                                                                                                                                                                                                                                                                  | Status                                                  | Timestamp                                                                               |
| Atif Henderson<br>Atif.Henderson@fultoncountyga.gov<br>Fulton County Government<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                                           | <b>COPIED</b>                                           | Sent: 6/20/2025 10:32:17 PM<br>Viewed: 7/3/2025 2:09:13 PM                              |
| Cherie Williams<br>cherie.williams@fultoncountyga.gov<br>Fulton County Government<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                                         | <b>COPIED</b>                                           | Sent: 6/20/2025 10:32:17 PM<br>Resent: 7/3/2025 2:02:24 PM                              |
| Carlos Thomas<br>carlos.thomas@fultoncountyga.gov<br>Division Manager<br>Fulton County Government<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                         | <b>COPIED</b>                                           | Sent: 6/20/2025 10:32:17 PM<br>Viewed: 7/3/2025 2:09:11 PM                              |
| Dian DeVaughn<br>dian.devaughn@fultoncountyga.gov<br>Security Level: Email, Account Authentication (None)<br><b>Electronic Record and Signature Disclosure:</b><br>Not Offered via DocuSign                                                                                                                                                         | <b>COPIED</b>                                           | Sent: 7/3/2025 2:02:20 PM<br>Viewed: 7/3/2025 2:09:18 PM                                |
| Witness Events                                                                                                                                                                                                                                                                                                                                      | Signature                                               | Timestamp                                                                               |
| Notary Events                                                                                                                                                                                                                                                                                                                                       | Signature                                               | Timestamp                                                                               |

| Envelope Summary Events                    | Status           | Timestamps            |
|--------------------------------------------|------------------|-----------------------|
| Envelope Sent                              | Hashed/Encrypted | 6/20/2025 10:32:17 PM |
| Certified Delivered                        | Security Checked | 7/3/2025 2:02:13 PM   |
| Signing Complete                           | Security Checked | 7/3/2025 2:02:17 PM   |
| Completed                                  | Security Checked | 7/3/2025 2:02:20 PM   |
| Payment Events                             | Status           | Timestamps            |
| Electronic Record and Signature Disclosure |                  |                       |

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**Required hardware and software**

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

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