



**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 **Senior Services North Fulton** (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:

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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: Senior Services

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: 1. To provide gap services to older adults that aligns with the Strategic Priorities of Fulton County Government, 2. To increase access to services that enable older adults to remain in the

community and age in place,3. To improve health outcomes for older adults

Senior Services North Fulton, Transportation Options Program for Seniors will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

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

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Corporate office for Senior Services North Fulton	3560 Old Milton Parkway	Alpharetta	GA	30022	1	1,2,3

Approach and Design:

Senior Services North Fulton, Transportation Options Program for Seniors will provide services to **120** clients that reside in Fulton County, with CSP funding.

Senior Services North Fulton, Transportation Options Program for Seniors will provide the following activities and services in Fulton County with CSP funding:

Approach and Design

Activities and services that will be provided to support three CSP funding priorities.

Our Transportation Options Program for Seniors (TOPS) is the program for which we are requesting CSP funding. TOPS provides transportation for older adults for medical appointments and quality-of-life rides. This is a gap service not met by the Fulton County Department of Senior Services for seniors living in North Fulton County. Our TOPS program is designed solely to serve the elderly who are among the most vulnerable populations in our community.

Organizations such as the Centers for Disease Control, National Institute of Health, as well as others have shown that social isolation is a health risk for seniors that is equivalent to smoking. In addition, factors such as lack of transportation put people in an even higher risk group. Providing older adults with transportation aligns with the Health and Wellness priority to support the vulnerable residents with our social services.

Our transportation program supports three CSP priorities: to provide gap services to older adults that aligns with the Strategic Priorities of Fulton County Government; to increase access to services that enable older adults to remain in the community and age-in-place; and to improve health outcomes for older adults.

Our TOPS program picks clients up at their homes and takes them to medical appointments or affords them quality-of-life rides. We offer medical transportation with only a three day lead-time, enabling seniors to get to both regularly scheduled and more urgent appointments as needed. We offer four types of transportation depending on the clients' mobility, health status, or other special needs. These include passenger van transport, wheelchair accessible van transport, our One-on-One service, and Common Courtesy. Our transportation program drivers are trained to handle the frail elderly and can provide transportation to people with wheelchairs and other devices, and those who are blind, have limited eyesight, or have such physical or cognitive impairment.

Our passenger van and wheelchair accessible van transport are what you would expect for that service, however the majority of our clients use Common Courtesy service. Common Courtesy enables us to extend our transportation services using Lyft or Uber depending on our clients' transportation needs. The use of Lyft or Uber drivers reduces our costs while providing our clients with safe, affordable, and reliable transportation services. One-on-One provides someone to accompany clients to appointments for those that cannot simply be dropped off at the front of the building. In addition to transportation to medical appointments, we also provide seniors with quality-of-life rides which are trips to the grocery store, pharmacy, to attend social events, etc. Providing access to medical and quality-of-life rides fills a gap service, is vital for and aging-in-place, and promotes better health outcomes by accessing needed care/services and reducing social isolation.

The Program Manager and Program Assistant explain the program to our clients and schedule all transportation for them with our transportation service providers. They prepare trip authorizations to the subcontract provider, make confirmation calls the day before the client's scheduled appointment, handle calls from clients answering their questions regarding the service and eligibility, prepare grant reports, monitor grant fund usage, and compile client surveys.

Other services we provide for older adults which are not provided through the Fulton County Department of Senior Services include but are not limited to Emergency Assistance, Meals on Wheels for Pets, Pantry to You and Home Repair. In addition to providing a gap service, all these services support the second CSP funding priority to increase access to services that enable older adults to remain in the community and age-in-place. Meals on Wheels for Pets, Pantry to You and Home Repair provide volunteer calls to schedule and home visits which also meet the third CSP funding priority to improve health outcomes for older adults by reducing social isolation.

Through our Emergency Assistance Fund we provide seniors with financial assistance. Over the past ten years, we have increased the funding and the number of clients we are able to provide this assistance. In 2025 we expanded the program to assist seniors in preventing eviction/loss of housing and assisting them until they can secure affordable housing. Many we serve spend more than 30% of their income on housing and are often paying housing costs at the expense of basic medical care, medication and/or proper nutrition. Providing the Emergency Assistance Fund enables older adults in North Fulton the opportunity to remain in the community and age-in-place.

Our Meals on Wheels for Pets (MOWP) program is another gap service we provide for older adults in North Fulton. We realized some of our clients were being challenged to provide food for their pets and themselves so created MOWP which is an integral part in helping older adults to age in the community. Seniors receive monthly pet food and supplies allowing them to continue to benefit both mentally and physically from the companionship of their pets. MOWP relieves our clients of some of the financial and logistical burdens of caring for their pets by giving nutritional and other pet care needs such as litter and treats. Volunteers delivering the food builds friendships and reduces social isolation.

Our Pantry to You program reduces food insecurity by having volunteers deliver essential grocery items for those unable to get to the food pantry. Having access to needed nutrition and home visits helps seniors age in place and reduce isolation.

How activities and services will be accomplished?

Transportation Options Program for Seniors (TOPS) – Staff educate the community about TOPS by doing educational

presentations, attending health fairs, through social media, etc. Like all of our programs, clients call in or are referred for TOPS by our Care Managers or community partners. TOPS Staff assess clients and if appropriate provide them with an application to complete. Client application must be completed before services can be offered. Seniors provide their birth date, gross income within predetermined categories, demographic information as well as information about their ability to use transportation. This is a self – reporting application which the senior is required to sign and declare that he/she has responded to all questions truthfully and to the best of his/her knowledge. Once a senior is qualified for the program, our Staff will schedule their transportation to and from medical appointments or quality-of-life rides. The number of rides provided per month is determined by the availability of funding. Clients are referred to our Care Management program if staff assess a need or clients request information about other resources which includes information about our other programs and the Fulton County Starline.

Meals on Wheels for Pets (MOWP)- MOWP is coordinated by a volunteer, volunteers also secure the food and other items, store them, and then deliver them to our client's homes. By using volunteers, we can serve more pets as well as provide a visit with the food to address the seniors' socialization needs.

Pantry to You - We operate Pantry to You in partnership with North Fulton Community Charities (NFCC). Twice a month, our volunteers pick up food from NFCC pantry and deliver the it to our clients' homes. While there the volunteer assists the client in selecting the food order for the next delivery and submits it to the program coordinator. This program provides a visit and food delivery addressing two significant needs.

Home Repair – Care Manager assess and refer client's in need of home repair to our volunteers who provide minor home repairs and home safety checks for seniors, with a focus on fall prevention and home livability.

Emergency Assistance - Seniors call into our agency or are referred by our community partners to become clients. As our Care Managers or other program staff work with these clients, they often become aware of situations where clients need help with basic needs or assistance in securing affordable housing. Basic needs include incontinence products, prescription drugs, assistance with rent/mortgage, or utilities, etc. In addition to financial assistance the Care Managers work with clients to connect with resources and put plan in place to prevent future need. Clients who need emergency assistance are the most at-risk older adults we serve. Without this assistance they may not be able to remain independent and live in their homes.

Provides more than 7 instances of community collaborative relationships to assist organization in addressing the need.

Senior Services North Fulton works in partnership with the Fulton County Department of Senior Services and the Area Agency on

Aging. Through these partnerships, we participate in a regional service delivery system for older adults and their caregivers. We develop and implement programs and services tailored to meet the needs of seniors living in North Fulton, without duplicating other available services, and serve as a gateway to senior services in our community. The Strategic Plans for both Fulton County and the Atlanta Regional Commission contain transportation services as a key priority. Additional Collaborative Partners:

North Fulton Community Charities (NFCC) refers clients and collaborates on Pantry to You. Attached is a copy of the MOU. WellStar North Fulton has a digital resource system for their staff to use and TOPS, and all our programs, are in that system. Other partners who refer potential clients to our TOPS program include My Watch, Milton Cares, The Community Assistance Center, Humana's Care Navigators, Hellenic Towers, Campbell Stone Sandy Springs, and Dogwood Square. Open Hand is the provider that we contract with to provide meals under our agency's own Meals on Wheels program and provides education to Senior Center and Meals on Wheels recipients. And finally, our volunteers have been providing minor home repairs and yard work for our clients and we have partnered with Habitat for Humanity and other groups to carry out more extensive repair projects.

Designation of CSP Funds:

Based on the awarded amount of **\$47,187.00**, the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

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

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

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

are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

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

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$0.00
Operational (25% Operational max of total funds awarded.)	\$0.00
Direct Services	\$47,187.00
<i>Total</i>	\$47,187.00

Explanation of Funding Details:

Budget

The amount of CSP funding that agency is requesting to support TOPS program.

The amount of funding we are requesting to support our TOPS program is \$47,187.00

Details on how agency plans to spend the requested CSP funding in cost categories.

Administrative \$0 No CSP funding will be spent on administrative expenses.

Operational \$0 No CSP funding will be spent on operational expenses.

Direct Services \$47,187 All CSP funding will be spent on direct services for clients.

Break down on how CSP funds will be spent during the two contract performance reporting periods.

We plan to spend \$23,593.50 of the funds on transportation services January 2025 – June 2025.

We plan to spend the second half of \$23,593.50 on transportation services July 2025 – December 2025.

We plan to spend all the \$47,187 grant on transportation services by 12/31/2025.

If a c e t e t.

How requested CSP funding will support the proposed need (problem) agency is proposing to address.

*The \$47,187 we are requesting will be used to provide seniors with safe, reliable, and affordable transportation for their healthcare and medical appointments. This includes seniors who receive in-home services such as Meals on Wheels, *personal care assistance or homemaker services*, seniors attending one of the seven senior centers we operate, and other senior citizens living in the North Fulton community.*

Safe, affordable, reliable transportation assures that seniors can get to their health care appointments and is a key component to managing chronic health conditions including heart disease, hypertension, diabetes, cancer, and arthritis. We will offer additional rides to those seniors with chronic health conditions so they can better manage their health care needs. This includes multiple trips for dialysis, chemotherapy, or physical therapy treatments.

Most of our TOPS clients are disabled, and unable to drive or navigate public transportation because of low vision, hearing impairment, mobility issues or chronic pain or illness. Many use wheelchairs, walkers and canes and need personal assistance when going to medical appointments. Other transportation options are so taxed that people needing transportation for dialysis are on waiting lists.

In addition to transportation to medical appointments, we also provide seniors with non-medical transportation or quality-of-life rides. Quality-of-life rides could be trips to the grocery store, to pick up prescription drugs, to attend social events, or for some other personal need for transportation. Providing quality-of-life rides contributes to their ability to age in place helps combat isolation and loneliness.

Program Performance Measures:

Senior Services North Fulton 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: Not Applicable

Senior Services: 1. Number of seniors who receive access to services not provided through Fulton County Department of Senior Services ,2. Number of seniors who report increased self-sufficiency resulting from in-home services,3. Number of seniors who report an increase in viability to maintain independence

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:

County Defined Performance Measures

Program Performance Measures

We provide seniors with access to services not provided through the Fulton County Department of Senior Services. These include Meals on Wheels for Pets, Pantry to You, Angels in Autumn, Home Repair and Client Emergency Assistance. Our Angels in Autumn and Client Emergency Assistance programs are not new to our agency. We have been providing them for several years and they have proven to support the health and wellness of our clients and enable them to increase their viability to maintain independence. Providing these additional services and reporting on those will meet the first county defined measurement.

A critical service we provide seniors is in collaboration with the Fulton County Department of Senior Services is in-home services. Our Care Management staff oversees in-home services such as personal care assistance, light housekeeping (to tackle tasks that can be troublesome for an older adult living alone) and respite care (for family caregivers). Providing in-home services is critical for maintaining independence and self-sufficiency. Our Care Managers assess and approve clients for their services. Licensed homecare providers supply the services. Providing in-home services and reporting on those with increased self-sufficiency resulting from in-home services, we will meet the second county defined measurement.

Access to health care is vital for maintaining optimal health and independent living in the community. It supports aging in place and high quality of life for seniors. A review of the data from previous program years demonstrates that 90% our clients reported that using our transportation program resulted in them having missed or canceled fewer appointments and helped them to remain independent and living in their homes. Further review of the same client surveys showed that our clients also overwhelmingly reported that using our transportation program resulted in them feeling more confident about managing their health care needs.

Clients are enrolled into our Transportation Options Program for Seniors (TOPS) through an application process before services can be offered. Seniors provide their birth date, gross income within predetermined categories and other statistical data. This is a self – reporting application which the senior is required to sign and declare that he/she has responded to all questions truthfully and to the best of his/her knowledge. Once a client is qualified for the program, our Program Manager or Program Assistant will schedule transportation to their medical appointments or quality-of-life rides.

Clients are referred to our TOPS program in several ways. First, our Care Managers will identify our in-home clients who could benefit from the program and refer them to our Program Manager. We also operate Senior Centers. Our Center Managers and our Program Manager make center participants aware of the program through presentations, posters on site at the centers and during individual assessments. The community at large will continue to learn about our program by word of mouth, visiting our website, and listening to staff community presentations. Our community partners and collaborating agencies will also refer seniors to us to participate in the program. By providing clients with our transportation services and reporting those who report an increase in viability to maintain independence we will meet the third county defined performance measure.

Three county defined performance measures to report on during the contract period.

We will report the number seniors who receive access to services not provided through Fulton County Department of Senior Services from 01/01/2025 – 12/31/2025. We will report on this performance measure in the final report.

We will report the number of seniors who report increased self-sufficiency resulting from in-home services from 01/01/2025 – 12/31/2025. We will report on this performance measure in the final report.

We will report the number of seniors who report an increase in viability to maintain independence resulting from using TOPS from 01/01/2025 - 12/31/2025. We will report on this performance measure in the final report.

Major milestones to be achieved and a schedule.

We will provide services for seniors which are not provided through Fulton County Department of Senior Services from 01/01/2025 – 12/31/2025. We will report on this performance measure in the final report.

We will provide in-homes services for older adults and report the number of seniors who report increased self-sufficiency resulting from in-home services from 01/01/2025 – 12/31/2025. We will report on this performance measure in the final report.

We will enroll and begin tracking for up to 120 clients in our Transportation Options Program for Seniors program on 01/01/2025. We will report client survey results by 01/16/2026 or with the final report.

We will report program progress through the Fulton County WebGrants as required and to other funders as requested.

Specific data collection tool(s) source(s) used to report progress on performance measures.

We will use the Transportation Options Program for Seniors (TOPS) Client Application, and the Client Survey for the TOPS to collect data and report progress on performance measures. The client application asks questions about missed, canceled, or delayed medical appointments, food insecurity and kinship care issues. The client survey includes a question about maintaining independence. We will also gather and report data from other client surveys and internal reports.

Attached are copies of the Transportation Options Program for Seniors Client Application and Client Survey.

Agency Defined Performance Measure(s):

Agency Defined Performance Measures

Three agency defined performance measures to report on during the contract period.

Fulton County Government Health and Wellness priority- To support the vulnerable residents in our social services. We will report

on this performance measure in the final report.

We will track and report the number of vulnerable seniors we serve January 2025 - December 2025. We will report on this performance measure in the final report.

Senior Services – Number of seniors who report they are better able to get to their medical appointments. We will report on this performance measure in the final report.

We will track and report the number of seniors who report they are better able to get to their medical appointments because of using our TOPS program January 2025 - December 2025. We will report on this performance measure in the final report.

Senior Services - Number of seniors who report difficulty affording, shopping or cooking meals.

We will track and report the number of seniors who report difficulty affording, shopping or cooking meals January 2025 - December 2025. We will report on this performance measure in the final report.

13a) List the Agency defined performance measures that your agency

Agency Defined Performance Measures

Three agency defined performance measures to report on during the contract period.

Fulton County Government Health and Wellness priority- To support the vulnerable residents in our social services. We will report on this performance measure in the final report.

We will track and report the number of vulnerable seniors we serve January 2025 - December 2025. We will report on this performance measure in the final report.

Senior Services – Number of seniors who report they are better able to get to their medical appointments. We will report on this performance measure in the final report.

We will track and report the number of seniors who report they are better able to get to their medical appointments because of using our TOPS program January 2025 - December 2025. We will report on this performance measure in the final report.

Senior Services - Number of seniors who report difficulty affording, shopping or cooking meals.

We will track and report the number of seniors who report difficulty affording, shopping or cooking meals January 2025 - December 2025. We will report on this performance measure in the final report.

ADDITIONAL REQUIREMENTS

Failure to adhere to the terms of this Agreement, in addition to the requirements listed below, may result in one or all of the following; delayed disbursement or total loss of awarded funds, and / or ineligibility to receive an RFP award during the next funding cycle.

1. Contractor agrees to develop, in conjunction with Fulton County, a process of accepting and serving Fulton County residents referred by the Youth and Community Services Division of Fulton County Government.
2. As consideration for the County providing funding and the non-profit entity accepting same, the non-profit entity shall, upon the County's request, participate in County-sponsored events and activities on County property, when feasible. The non-profit agency shall use its best efforts to comply with the County's request provided that it is given at least one week's notice to do so. Failure to participate will be taken into consideration for future funding requested by the non-profit entity.
3. Contractor agrees to allow staff from the Fulton County Department of Community Development to conduct contract compliance site visits as necessary (announced or unannounced).
4. During the site visit, Contractor will be required to allow staff to monitor programming, as well as review client rosters / sign-in sheets and/ or Registration information that should include complete addresses of Fulton County residents served by this funding.
5. Contractor agrees to comply with the Operational Specifications outlined in **2025 Community**

Services Program 25RFP020325C-MH.

6. Contractor agrees that advertising, promotions and other publicity in connection with the supported program(s) shall include the following acknowledgment: **“Funding provided in part by the Fulton County Board of Commissioners under the guidance of the Department of Community Development.”**

Note: If your agency uses logos versus text, you may substitute the language above with the Fulton County Logo.

Reporting

It is the Contractor’s responsibility to ensure accurate reporting of all information contained in the performance reports. Reports and supportive documentation that consistently include erroneous/ inaccurate data may result in a required reimbursement of funding and/or may negatively impact future funding.

7. Contractor will be required to submit completed performance reports (with deadlines of **(July 18, 2025, and January 16, 2026)** to adhere to the requirements outlined in the Performance Report Instructions, as well as the format provided by the Fulton County Department of Community Development. Future funding will be affected if performance reports are not submitted by stipulated due dates.

8. Contractor will be required to provide demographic information concerning the Fulton County residents served, including, but not limited to age, race/ethnicity and gender.

9. Contractor will be required to report the number of UNDUPLICATED/NEW participants directly served through the Community Services Program funding. **Please note:** Failure to serve the total number of participants contracted to be served with CSP funding may result in reimbursement of CSP funding to Fulton County. Failure to reimburse the funding requested will result in the ineligibility to receive future funding.

10. Contractor will be required to submit unduplicated client rosters in a spreadsheet format that includes the complete residential addresses of the Fulton County residents served with CSP funding, and LEDGERS demonstrating how Community Services Program funds were expended for the specified reporting period.

Expenditure of Funds

11. Contractor is prohibited from utilizing CSP funds for capital expenditures. (A “capital expenditure” is defined as: any resource not completely consumed during the contract year, i.e. computers, printers, construction, vehicles, cell phones, etc.) Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are excluded from

the definition of “capital expenditure” (e.g., children's story books, educational materials, games, puzzles, and flash cards).

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

ARTICLE III - COMPENSATION FOR SERVICES

(a) Fulton County agrees to pay Contractor a maximum sum of **\$47,187.00**.

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

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

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

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from

Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

ARTICLE IV - RECORD KEEPING

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

(b) All reports and communications, with supportive documentation consistent with contract provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

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

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

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

To Fulton County:

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

To Contractor:

**Senior Services North Fulton
3560 Old Milton Parkway
Alpharetta, Georgia 30005**

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 **Senior Services North Fulton**, 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:	Senior Services North Fulton
Project No. and Project Title:	Transportation Options Program For Seniors (TOPS)

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:

189872

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

2/12/2009
Date of Authorization

Senior Services North Fulton

Authorized Officer or Agent
(Name of Contractor)

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

Cathy Pope

Printed Name (of Authorized Officer or Agent of Contractor)

Cathy Pope
Signature (of Authorized Officer or Agent)

Executive Director

Title (of Authorized Officer or Agent of Contractor)

2/18/2025
Date Signed

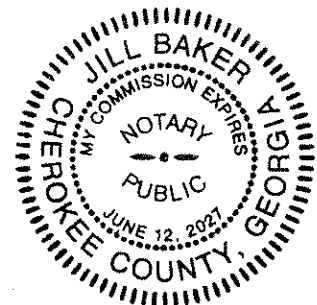
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

18th DAY OF February, 2025

Jill Baker
Notary Public

My Commission Expires: 6/12/27

[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

Contractor's Name:	Senior Services North Fulton
Project No. and Project Title:	Transportation Options Program For Seniors (TOPS)

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.

1840101

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

5/31/22

Date of Authorization

Blendistry Incorporated Transportation Services

Authorized Officer of Agent
(Name of Subcontractor)

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

Essene Byrd
Printed Name (of Authorized Officer or Agent of Contractor)

Operations Manager
Title (of Authorized Officer or Agent of Contractor)

[Signature]
Signature (of Authorized Officer or Agent)

2/13/25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

13th DAY OF Feb, 2025

[Signature]
Notary Public

My Commission Expires: 08/17/2028

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



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Senior Services North Fulton
Project No. and Project Title:	Transportation Options Program For Seniors (TOPS)

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.

1154182

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

12-01-2016

Date of Authorization

CaraVita Home Care

Authorized Officer of Agent
(Name of Subcontractor)

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

Laura Cayce

Printed Name (of Authorized Officer or Agent of Contractor)

Laura Cayce

Signature (of Authorized Officer or Agent)

Director of Care management

Title (of Authorized Officer or Agent of Contractor)

2-27-25

Date Signed

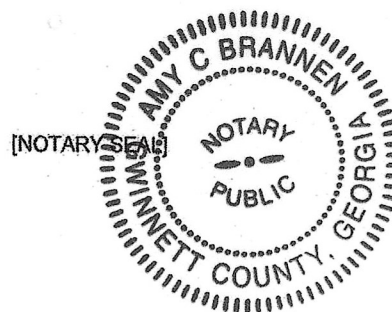
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

27 DAY OF February, 2025

Amy C Brannen

Notary Public

My Commission Expires: October 18, 2028



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



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Senior Services North Fulton
Project No. and Project Title:	Transportation Options Program For Seniors (TOPS)

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.

1350702

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

10-19-2018
Date of Authorization

CommonCourtesy, Inc.

Authorized Officer of Agent
(Name of Subcontractor)

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

Robert Carr
Printed Name (of Authorized Officer or Agent of Contractor)

Founder/CEO
Title (of Authorized Officer or Agent of Contractor)

[Signature]
Signature (of Authorized Officer or Agent)

2-13-25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

13th DAY OF February, 2025

[Signature]
Notary Public

[NOTARY SEAL]



My Commission Expires: 02/02/2027

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



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Senior Services North Fulton
Project No. and Project Title:	Transportation Options Program For Seniors (TOPS)

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.

1685521

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

May 10, 2021
Date of Authorization

RC's Logistics and Transportation, LLC

Authorized Officer of Agent
(Name of Subcontractor)

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

Shawnte Mays
Printed Name (of Authorized Officer or Agent of Contractor)

Owner
Title (of Authorized Officer or Agent of Contractor)

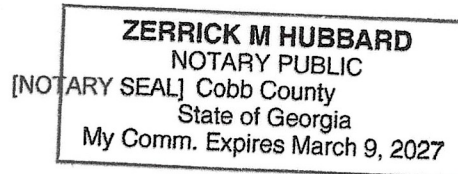
Shawnte Mays
Signature (of Authorized Officer or Agent)

2.19.25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

19 DAY OF February, 2025
Zerrick M. Hubbard
Notary Public

My Commission Expires: 3/9/2027



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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2025

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

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

PRODUCER Hilb Group Operating Company 11175 Cicero Drive Suite 575 Alpharetta GA 30022	CONTACT NAME: Jennifer Matheson PHONE (A/C, No, Ext): (678) 297-7977 FAX (A/C, No): (678) 297-9575 E-MAIL ADDRESS: jmatheson@hilbgroup.com														
INSURED Senior Services North Fulton, Inc. 3560 Old Milton Pkwy Alpharetta GA 30005	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Alliance of Nonprofits for Insurance, Risk Retention</td> <td>10023</td> </tr> <tr> <td>INSURER B: National Liab & Fire Insurance Co</td> <td>20052</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Alliance of Nonprofits for Insurance, Risk Retention	10023	INSURER B: National Liab & Fire Insurance Co	20052	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 1/1/25-26 MASTER**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		2025-21461	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY	Y		2025-21461	01/01/2025	01/01/2026	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y		2025-21461-UMB	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WC-2025-81534-00	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) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Abuse Molestation Children, Youth and Seniors programs			2025-21461	01/01/2025	01/01/2026	Limit/Aggregate \$1M/\$2M
							Limit/Aggregate \$1M/\$1M

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

ADDITIONAL INSURED ENTITIES: Fulton County Government, its Agents Directors and Officers

CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 141 Pryor Street, SW

Atlanta

GA 30303

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: 01507876

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

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

The aforementioned entities are included as additional insureds for GENERAL LIABILITY AND AUTO LIABILITY when required in a written contract or agreement per BLANKET form CG 20 26 12 19 & CG 20 11 12 19 and includes products and completed operations per form CG 20 37 12 19. Coverage is provided on a primary, non-contributory basis per form ANI-RRG-E61 02 19.

Umbrella is following form.

****INFORMATION PROVIDED ON A CERTIFICATE OF INSURANCE IS REGULATED BY THE GEORGIA DEPARTMENT OF INSURANCE. FOR INFORMATION REGARDING FURTHER REQUESTS FOR CHANGES TO THIS CERTIFICATE OF INSURANCE, PLEASE REFER TO THE FOLLOWING GEORGIA DEPARTMENT OF INSURANCE WEBSITE FOR GOVERNING RULES <https://rules.sos.ga.gov/gac/120-2-103>**

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

POLICY NUMBER: 2025-21461

Named Insured: Senior Services North Fulton, Inc.

COMMERCIAL GENERAL LIABILITY

CG 20 37 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: 2025-21461

Named Insured: Senior Services North Fulton, Inc.

COMMERCIAL GENERAL LIABILITY

CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: 2025-21461
 Named Insured: Senior Services North Fulton, Inc.

COMMERCIAL GENERAL LIABILITY
 CG 20 11 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):
Name Of Person(s) Or Organization(s) (Additional Insured): Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.
Additional Premium: Included
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



POLICY NUMBER: 2025-21461

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

A. Section II – WHO IS AN INSURED is amended to include:

4. Any public entity as an additional insured, and the officers, officials, employees, agents and/or volunteers of that public entity, as applicable, who may be named in the Schedule above, when you have agreed in a written contract or written agreement presently in effect or becoming effective during the term of this policy, that such public entity and/or its officers, officials, employees, agents and/or volunteers be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

- a. Your negligent acts or omissions; or
- b. The negligent acts or omissions of those acting on your behalf;

in the performance of your ongoing operations.

No such public entity or individual is an additional insured for liability arising out of the sole negligence by that public entity or its designated individuals. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

B. Section III – LIMITS OF INSURANCE is amended to include:

8. The limits of insurance applicable to the public entity and applicable individuals identified as an additional insured(s) pursuant to Provision A.4. above, are those specified in the written contract between you and that public entity, or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

C. With respect to the insurance provided to the additional insured(s), Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

4. Other Insurance

a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or



POLICY NUMBER: 2025-21461

- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

b. Excess Insurance

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

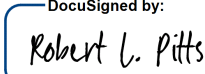
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.

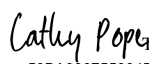
OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME **Senior Services North Fulton**

DocuSigned by:

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


Signed by: Name of Signatory: Cathy Pope

Title of Signatory: Executive Director
59BA086755334E6...
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

Signed by: Name of 2nd Signatory: **Jill Baker**

Title of 2nd Signatory: **Finance Administrator**
F515994BD7F046B...
Second Authorized Signature

(Affix County Seal)



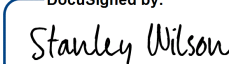
(Affix Corporate Seal, if applicable)

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: 8E5EBCE2-3A2E-4BC7-B367-F31FCF9A8594

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Senior Services North Fulton-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 39

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.175.9

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/18/2025 11:51:20 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Cathy Pope

cpope@ssnorthfulton.org

Security Level: Email, Account Authentication
(None)

Signature

Signed by:


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Signature Adoption: Pre-selected Style

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Timestamp

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Viewed: 6/24/2025 9:12:22 AM

Signed: 6/24/2025 9:13:03 AM

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Accepted: 6/24/2025 9:12:22 AM

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Jill Baker

jbaker@ssnorthfulton.org

Security Level: Email, Account Authentication
(None)

Signed by:


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Signature Adoption: Pre-selected Style

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Electronic Record and Signature Disclosure:

Accepted: 6/24/2025 9:16:30 AM

ID: 246074c2-57bb-4715-a9b1-7f5f3fdf39d3

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

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Electronic Record and Signature Disclosure:

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Stanley Wilson

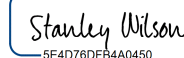
Stanley.Wilson@fultoncountyga.gov

Director

Stanley Wilson

Security Level: Email, Account Authentication
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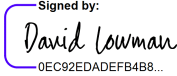
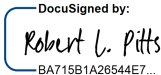


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Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 6/26/2025 9:21:17 AM Viewed: 6/26/2025 4:59:25 PM Signed: 6/26/2025 5:04:12 PM
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David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  <small>0EC92EDADEFB4B8...</small> Signature Adoption: Pre-selected Style Using IP Address: 24.99.192.18	Sent: 6/26/2025 5:04:15 PM Viewed: 6/26/2025 5:18:59 PM Signed: 6/26/2025 5:19:54 PM
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Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 66.56.23.82	Sent: 6/26/2025 5:19:57 PM Viewed: 6/27/2025 1:34:02 PM Signed: 6/27/2025 1:34:26 PM
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Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  <small>BA715B1A26544E7...</small> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 1:34:29 PM Viewed: 6/27/2025 2:45:40 PM Signed: 6/27/2025 2:45:47 PM
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Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  <small>EEC476C4837648D...</small>  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 6/27/2025 2:45:51 PM Resent: 6/30/2025 11:55:00 AM Viewed: 7/1/2025 11:49:53 AM Signed: 7/1/2025 11:50:11 AM
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Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/18/2025 11:54:57 PM
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Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

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

To contact us by email send messages to: glenn.king@fultoncountyga.gov

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

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

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

To request paper copies from Carahsoft OBO Fulton County, Georgia

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

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

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

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

Required hardware and software

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

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

Acknowledging your access and consent to receive materials electronically

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

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

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

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