EXTENSION NO. 1 TO FORM OF CONTRACT

Contractor: **Corporate Temps**

Contract No.: **SWC-99999-SPD-0000136-0008**, **Temporary Staffing for Administrative Task**

Address: **5950 Live Oak Parkway Suite 230**
City, State **Norcross, GA 30093**

Telephone: **770-934-1710**

Email: **shawn@corporatetemps.com**

Contact: **Shawn Menefee**
Director

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Corporate Temps to provide administrative staffing to support the day to day operations for the Department of Arts and Culture, dated February 21, 2024, on behalf of the Arts & Culture; and

WHEREAS, the County wishes to extend the subject contract, with all items and conditions unchanged, for an additional six month period, effective July 1, 2024 through December 31, 2024; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on August 21, 2024 BOC Item Number 24-0532.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Extension No. 1 to Form of Contract is effective as of the 1st day of July, 2024 between the County and Corporate Temps, who agree that all Services specified will be performed in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional six months extension of time, with the contract ending as of the 31st of December, 2024.

1. **SCOPE OF WORK:** To continue to provide administrative staffing to support the day to day operations for the Department of Arts and Culture.

2. **COMPENSATION:** This is a time extension only, no additional funding is required.

3. **LIABILITY OF COUNTY:** This Extension No. 1 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF EXTENSION NO. 1 TO FORM OF CONTRACT:** Except as modified by this Extension No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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

OWNER:

FULTON COUNTY, GEORGIA

Signed by:
Robert L. Pitts
44E1B4AA5F6A44A...
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:
Tonya R. Grier
EBCA25C4837644D...
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

Signed by:

APPROVED AS TO FORM:

Signed by:
David Lowman
0FE02EDA0E4B4B3...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
David Manuel
E41CF1200E7A49...
David Manuel, Director
Department of Arts & Culture

CONSULTANT:

CORPORATE TEMPS

DocuSigned by:
AA4EB8F59A6F4C9...
Shawn Menefee
Director

Please select Attest or Notary from checkbox Attest X Notary

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Dominic Austin
Notary Public

County: Gwinnett

Commission Expires: 09-06-26

(Affix Notary Seal)

DS

Please select RCS or RM from the checkbox

X RCS RM

ITEM#: 24-0532 **RCS:** 8/21/24 2nd Regular Meeting **RECESS MEETING**	**ITEM#:** **RM:** **REGULAR MEETING**

Certificate of Insurance

23

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2024

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

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

PRODUCER	CONTACT NAME: Alfonza Hatcher
Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, GA. 30052	PHONE (A/C, No, Ext): 770-466-1133 FAX (A/C, No): 770-466-1144 E-MAIL ADDRESS: hatcherins@aol.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Corporate Temps, Inc.
5950 Live Oak Pkwy.
Suite 230
Norcross, GA. 30093-1743

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC	Y		PHPK2579315-010	07/27/2024	07/27/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000. $ 100,000. $ 5,000. $ 1,000,000. $ 2,000,000. $ 2,000,000.
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	Y		PHPK2579315-010	07/27/2024	07/27/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000. $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y		PHUB873626-010	07/27/2024	07/27/2025	EACH OCCURRENCE AGGREGATE	$ 4,000,000. $ 4,000,000.
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	EMPLOYMENT PRACTICES LIABILITY			PHPK2579315-010	07/27/2024	07/27/2025	Each Incident Limit: Aggregate Limit:	$ 1,000,000. $ 1,000,000.

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

Temporary Personnel Services.

Fulton County Department of Arts & Culture as Additional Insured.

Contract Number: SWC-99999-SPD-0000136-0008 Temporary Staffing.

CERTIFICATE HOLDER

Fulton County Department of Arts & Culture
141 Pryor St. SW
Atlanta, GA. 30303

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Alfonza Hatcher

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2024

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

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

PRODUCER	CONTACT NAME: Alfonza Hatcher
Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, GA. 30052	PHONE (A/C, No, Ext): 770-466-1133 FAX (A/C, No): 770-466-1144 E-MAIL ADDRESS: hatcherins@aol.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross, GA. 30093-1743	INSURER A : Philadelphia Indemnity Insurance Company — 18058 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
								$
A	CYBER LIABILITY			PHSD1811838-005	07/27/2024	07/27/2025	EACH OCCURRENCE	$ 3,000,000.
							AGGREGATE	$ 3,000,000.
								$
								$
								$
A	PROFESSIONAL LIABILITY (E & O)	Y		PHPK2579315-010	07/27/2024	07/27/2025	EACH OCCURRENCE	$ 1,000,000.
							AGGREGATE	$ 2,000,000.
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	EMPLOYEE DISHONESTY (Fidelity Bond)			PHPK2579315-010	07/27/2024	07/27/2025	Each Incident Limit: Aggregate Limit:	$ 3,000,000. $ 3,000,000.

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

Temporary Personnel Services.

Fulton County Department of Arts & Culture as Additional Insured.

Contract Number: SWC-99999-SPD-0000136-0008 Temporary Staffing.

CERTIFICATE HOLDER

Fulton County Department of Arts & Culture
141 Pryor St. SW
Atlanta, GA. 30303

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Alfonza Hatcher

CONTRACT AMENDMENT # 9
EXTENSION # 3

This amendment by and between the Contractor and State Entity defined below shall be effective as of the date this Amendment is fully executed.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Department of Administrative Services
Contractor's Full Legal Name:	CORPORATE TEMPS 2000
Contract No.:	99999-001-SPD0000136-0008
Solicitation Title/Event Name:	Temporary Staffing Services
Contract Award Date:	July 1, 2017
Current Contract Term:	July 1, 2023 – June 30, 2024

BACKGROUND AND PURPOSE. The Contract is in effect through the Current Term provided above. The parties hereto now desire to amend the contract to extend for an additional term of twelve months, to establish the pricing schedule for this statewide contract and to modify the insurance requirements.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. **CONTRACT EXTENSION.** The parties hereby agree that the contract will be extended for an additional period of time as follows:

NEW CONTRACT TERM	
Beginning Date of New Contract Term:	July 1, 2024
End Date of New Contract Term:	June 30, 2025

The parties agree the contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to extend the contract for an additional period of time.

Category: Industrial Staffing

	Standard Markup: 36%	Payroll Markup: 33%

Category: Professional Staffing

	Standard Markup: 33%	Payroll Markup: 30%

Category: Healthcare Staffing

	Standard Markup: 34%	Payroll Markup: 30%

Category: Other Staffing Related Services

SubCategory: Non-Standard Pre-Employment Screening

Line Item #	Type of Screening	UOM	Base Rate per UOM
72	Drug Testing	EA	$10.00
73	Driving Record	EA	$20.00
74	Fingerprint Background Screen	EA	$10.00
75	Credit Check	EA	$25.00
76	Education Credentials	EA	$20.00

SubCategory: Affordable Care Act (ACA) Safe Harbor Provision

Line Item #	Description	UOM	Base Rate per UOM
77	ACA Safe Harbor Provision Fee per Employee	MO	$2.00

Region 3

Category: Administrative Staffing

	Standard Markup: 34%	Payroll Markup: 30%

Category: Industrial Staffing

	Standard Markup: 36%	Payroll Markup: 33%

Category: Professional Staffing

	Standard Markup: 33%	Payroll Markup: 30%

Category: Healthcare Staffing

	Standard Markup: 34%	Payroll Markup: 30%

DocuSign

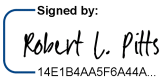
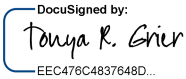
Certificate Of Completion

Envelope Id: 42FD1865986048C190A88BA2F8D56AB7
Status: Completed
Subject: SWC-99999-SPD-0000136-0008, Temporary Staffing Corporate Temps
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 7
Signatures: 5
Envelope Originator:
Certificate Pages: 6
Initials: 0
Brian Jones
AutoNav: Enabled
Stamps: 2
141 Pryor Street
EnvelopeId Stamping: Enabled
Purchasing & Contract Compliance, Suite 1168
Time Zone: (UTC-05:00) Eastern Time (US & Canada)
Atlana, GA 30303
brian.jones@fultoncountyga.gov
IP Address: 104.58.104.204

Record Tracking

Status: Original
8/30/2024 11:29:37 AM
Holder: Brian Jones
brian.jones@fultoncountyga.gov
Location: DocuSign
Security Appliance Status: Connected
Pool: StateLocal
Storage Appliance Status: Connected
Pool: Fulton County Government
Location: DocuSign

Signer Events	Signature	Timestamp
Shawn Menefee shawn@corporatemtemps.com Director Security Level: Email, Account Authentication (None)	DocuSigned by: AA4EB8F59A6F4C9... Signature Adoption: Drawn on Device Using IP Address: 50.243.212.245	Sent: 8/30/2024 12:09:58 PM Viewed: 9/4/2024 9:06:06 AM Signed: 9/4/2024 2:58:57 PM
Electronic Record and Signature Disclosure: Accepted: 9/4/2024 9:06:06 AM ID: 004d56e2-e74b-4bc8-b55e-0014ea813633		
David Manuel David.Manuel@fultoncountyga.gov Director of Arts & Culture Security Level: Email, Account Authentication (None)	DocuSigned by: David Manuel E41CE12C05E74A9... Signature Adoption: Pre-selected Style Using IP Address: 208.190.197.193	Sent: 9/4/2024 2:58:59 PM Viewed: 9/7/2024 2:12:15 PM Signed: 9/7/2024 2:12:38 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Shawn Menefee (1) shawn@corporatemtemps.com Director Security Level: Email, Account Authentication (None)	**Signed** 21221783-732a-4a9e-8b91-7193a3ef6ad2 Using IP Address: 50.243.212.245	Sent: 9/4/2024 2:59:00 PM Viewed: 9/4/2024 3:23:39 PM Signed: 9/6/2024 11:45:49 AM
Electronic Record and Signature Disclosure: Accepted: 9/4/2024 3:23:39 PM ID: 94a9857b-2116-4815-9424-2f1f906c716c		

Signer Events	Signature	Timestamp
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	Sent: 9/7/2024 2:12:41 PM Viewed: 9/9/2024 7:37:00 AM Signed: 9/9/2024 7:37:55 AM
Electronic Record and Signature Disclosure: Accepted: 9/9/2024 7:37:00 AM ID: 502b03b9-a6fd-4576-b563-8a65b8390f56		
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: 68.208.197.4	Sent: 9/9/2024 7:37:58 AM Viewed: 9/9/2024 10:50:23 AM Signed: 9/9/2024 10:52:07 AM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	Signed by:  14E1B4AA5F6A44A... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 9/9/2024 10:52:11 AM Viewed: 9/9/2024 1:00:05 PM Signed: 9/9/2024 1:00:14 PM
Electronic Record and Signature Disclosure: Accepted: 9/9/2024 1:00:05 PM ID: 499617d6-e037-417a-9b99-a45ca6e92930		
Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  EEC476C4837648D...  Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191	Sent: 9/9/2024 1:00:17 PM Viewed: 9/9/2024 1:56:20 PM Signed: 9/9/2024 1:56:25 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Brian Jones brian.jones@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 9/9/2024 1:56:29 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 9/9/2024 1:56:32 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/30/2024 12:09:58 PM
Certified Delivered	Security Checked	9/9/2024 1:56:20 PM
Signing Complete	Security Checked	9/9/2024 1:56:25 PM
Completed	Security Checked	9/9/2024 1:56:32 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

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

Getting paper copies

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

Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.
To request paper copies from Carahsoft OBO Fulton County, Georgia
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Carahsoft OBO Fulton County, Georgia
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

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

Required hardware and software

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

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.
Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and

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