



**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 **Kate's Club** (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: Children and Youth Services

CSP Funding Priority(ies):

Children and Youth: 3. Programs addressing mental health depression stress trauma and anxiety among youth and teens

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Kate's Club, Kate's Club Supportive Services for Grieving Children in Fulton County 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
Tri-Cities High School	2575 Harris St	East Point	GA	30344	4	4
Ocee Elementary School	4375 Kimball Bridge Rd	Johns Creek	GA	30022	1	1
North Springs High School	7447 Roswell Rd	Sandy Springs	GA	30328	2	2
Global Impact Academy	155 Shaw Dr	Fairburn	GA	30213	5	5
Continental Colony Elementary School	3181 Hogan Rd SW	Atlanta	GA	30331	6	6
Centennial Academy	531 Luckie St NW	Atlanta	GA	30313	6	6
The Promise Career Institute	3605 Main St	Atlanta	GA	30337	4	4

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
R. N. Fickett Elementary School	3935 Rux Rd SW	Atlanta	GA	30331	6	6
Kipp Atlanta Collegiate Charter School	98 Anderson Ave NW	Atlanta	GA	30314	6	6
Kipp Strive Academy Charter School	1444 Lucile Ave SW	Atlanta	GA	30310	6	6
Kipp Strive Primary Charter School	1448 Lucile Ave SW	Atlanta	GA	30310	6	6
Banneker High School	6015 Feldwood Rd	Atlanta	GA	30349	5	5
Bear Creek Middle School	7415 Herndon Rd	Fairburn	GA	30213	5	5
Kipp WAYS Academy Charter School	350 Temple St NW	Atlanta	GA	30314	6	6
Kipp WAYS Primary Charter School	350 Temple St NW	Atlanta	GA	30314	6	6
Sandtown Middle School	5400 Campbellton Rd SW	South Fulton	GA	30331	5	5
Wesley International Academy Charter	211 Memorial Dr SE	Atlanta	GA	30312	4	4

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Benjamin Mays High School	3450 Benjamin E Mays Dr SW	Atlanta	GA	30331	6	6
Campbell Elementary School	91 Elder St	Fairburn	GA	30213	5	5
Scott Elementary School	1752 Hollywood Rd NW	Atlanta	GA	30318	6	6
Taylor Road Middle School	5150 Taylor Rd	Johns Creek	GA	30022	1	1
Renaissance Elementary School	7250 Hall Rd	Fairburn	GA	30213	5	5
Deerwood Academy	3070 Fairburn Rd SW	Atlanta	GA	30331	5	5

Approach and Design:

Kate's Club, Kate's Club Supportive Services for Grieving Children in Fulton County will provide services to **150** clients that reside in Fulton County, with CSP funding.

Kate's Club, Kate's Club Supportive Services for Grieving Children in Fulton County **will provide the following activities and services in Fulton County with CSP funding:**

We currently partner with 24 elementary, middle, and high schools located in Fulton County - and intend to support the 90+ other public schools in the county - to provide closed groups for bereaved students that meet once a week for 6 to 12 weeks. Each group consists of four to eight students of similar ages who have been identified by the school counselor. Over the course of six weeks, students work through an activity-based curriculum that includes normalizing grief, sharing their story, coping with changes, identifying and expressing feelings, utilizing healthy coping strategies, and finding ways to remember the person who died. Students also build social connections with one another to feel less alone.

When planning for a semester and academic school year, we begin by reconnecting with previous school partners, reminding them about school groups, staff development opportunities, and parent education options. This communication also includes language for them to share with other schools within their cluster. We also promote our school group request form and professional training request form in our quarterly community partner newsletters.

Within each school, we partner with the school's counselor and/or social worker to identify and recruit grieving students, helping build trust in Kate's Club and our grief groups. We also work with other community partners present in schools (e.g., Communities In Schools, CHRIS 180, etc.) to identify and refer students. We educate teachers and provide them with materials and Kate's Club website links containing instructions on how to refer students. Kate's Club also provides ways for parents and guardians to obtain more information, and for students to self-refer. This year, we are implementing a new "Coffee and Chat" initiative to the school group curriculum, which provides caregivers with an opportunity to talk about their experiences and to learn about other Kate's Club services that their family can participate in. This will be offered to caregivers at the end of every Fulton County school group with a virtual option as well. Our communications with both school staff and parents or caregivers are critical to building trust and impact.

All grief groups conclude with surveys of student participants, teachers and counselors, and parents and caregivers. Our Director of Outcomes and Outreach and our Metro Atlanta Outreach Coordinators review survey and evaluation results on a quarterly basis to ensure the efficacy of Kate's Club school group curriculum and that these tools accurately capture and reflect our participants' experiences. In 2023, Kate's Club began to implement our more rigorous bereavement needs assessments - historically utilized in our Clubhouse programs - in our schools groups.

Finally, we utilize professional networks (e.g. Georgia Society for Clinical Social Workers, Georgia Association for Play Therapy, Licensed Professional Counselors Association of Georgia, LinkedIn, Work for Good) to recruit applicants for staff and subcontracted facilitator positions. Kate's Club hires licensed therapists for all our programs who have an eligible license and group experience with children and/or teens.

STRATEGIC PRIORITY AREA PROGRAM OBJECTIVES:

Of the Strategic Priority Area: "Health & Human Services," Kate's Club programming aligns with "the number of people who receive behavioral health services."

CSP FUNDING PRIORITIES:

Kate's Club's programs support the CSP services category "Children & Youth Services." Our program outcomes and performance measures result in children receiving support that includes social and emotional benefits to youth as well as safe, accessible and engaging programs that prevent unhealthy behaviors and promote health and wellness. Our programs strengthen youth mental health including management of stress, anxiety and strong feelings - such as anger - through facilitated grief groups for youth, and education and trainings for adults supporting bereaved youth, such as teachers, counselors and social workers in addition to

parents and caregivers.

COLLABORATIONS:

Our greatest collaborators are the 24 schools in Fulton County who host us. Kate's Club also partners with many organizations throughout the year to help support all our programs:

Agape Youth and Family Center

APS Office of Charter and Partner Schools

APS Family Engagement

Big Brothers Big Sisters of Metro Atlanta

Boys and Girls Club of Metro Atlanta

Camp Twin Lakes

Center for the Study of Narrative at Mercer University

Children's Healthcare of Atlanta

CHRIS 180

Communities in Schools

Cool Girls

COR, Inc.

Devereaux (treatment center)

DFCCS - Caregiver and Recruitment Retention Unit

Eco Arts

Families First

Ferst Readers

Fulton County Juvenile Court

Georgia Campaign for Adolescent Power & Potential

Georgia Department of Behavioral Health and Developmental Disabilities

Georgia Department of Juvenile Justice

Georgia Hope

Girl Scouts of Greater Atlanta

Girls, Inc.

Hands on Atlanta

Happy Tails

In Flight Gymnastics

Jewish Family & Career Services

Kidz2Leaders

Life House Atlanta

Macy's

Mothers Advocacy Project

Moving in Spirit

Multiple hospice locations

NAMI Georgia

National Alliance for Children's Grief

New York Life

Paint Love

Resilient Georgia

RYDC

SAFE Centers

Ser Familia

Soccer in the Streets

Spelman College

The George Center

The Hackett Center for Mental Health

Therapy Alliance

Trellis Horticulture

Truancy Intervention Project Georgia

Voices of Georgia's Children

YMCA of Metro Atlanta

Designation of CSP Funds:

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

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

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

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

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

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$1,500.00
Operational (25% Operational max of total funds awarded.)	\$1,939.88
Direct Services	\$26,560.12
<i>Total</i>	\$30,000.00

Explanation of Funding Details:

Administrative expenses include Director of Metro Atlanta's and Director of Education and Innovative Programs' oversight as well as administrative support required for school partner and caregiver permissions and communications.

Operational expenses include communications and marketing materials provided to school administrators, counselors and teachers to distribute to parents and caregivers of grieving children to educate them on the importance of addressing a child's grief and to establish trust in Kate's Club. Data about a grieving child including who died, how and when they died, any behavior issues, etc. is collected prior to a grief group's start. At the conclusion of the group, surveys - student, caregiver and teacher - are conducted and results are measured to determine student's growth in coping skills as well as overall impact of the group and program. These, along with a student's attendance and participation, are tracked in Kate's Club Apricot database. Finally, in addition to student grief groups, Kate's Club provides materials (e.g., a guide on what to say, and what not to say, when speaking with a grieving child) when it trains school professionals and educates caregivers and other (non-grieving) students on how to recognize grief, talk about it and support a grieving child.

Direct expenses include compensation of Kate's Club staff and subcontracted grief-trained counselors and therapists who facilitate the multi-week groups and conduct the trainings and grief education sessions. Also included are the curriculum and materials required for each week's activities, primarily arts and crafts.

We anticipate a January – June spend of \$14,500.000, and a July – December spend of \$15,500.000

	# of community-based grief groups	# of youth	# of caregivers educated	# of trainings	# of professionals trained	# of educations	TOTAL SPEND FOR MONTH
January	5	18	0	5	113	1	\$3,500.00
February	4	16	8	2	15	2	\$2,000.00
March	6	33	20	2	18	2	\$3,000.00
April	7	29	34	2	102	4	\$3,500.00
May	5	19	4	1	24	2	\$2,500.00
June	0	0	0	0	0	0	\$0.00
July	0	0	0	2	50	0	\$500.00
August	0	0	5	2	50	1	\$1,000.00
September	9	45	5	3	50	2	\$4,500.00
October	17	95	5	3	75	2	\$5,000.00
November	8	40	0	2	50	2	\$4,000.00
December	0	0	0	0	0	2	\$500.00
Total Unique	30	150	81	24	547	20	\$30,000.00

Program Performance Measures:

Kate's Club agrees to track and report program performance to the Fulton County Department of

Community Development.

County Defined Performance Measure(s):

Children and Youth: 3. Number of school-aged youth engaged in/benefiting from In school/ Afterschool/ Out of School Programs...,4. Number of youth/teens receiving referrals to behavioral health, evidence based programming/other supportive services,6. Number of families attending support sessions and family engagement opportunities

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

The following program measures/ Key Performance Indicators (“KPI’s”) will be utilized to track and report program outcomes for the Fulton County residents supported with CSP funding, during the funding period 01/01/2025 through 12/31/2025:

For the 2025 Community Services Program, Kate’s Club will report on the following county-defined performance measures by tracking the number of Fulton County students who participate in KC Connects programming in our 24 partner schools, as well as the number of caregivers receiving grief education through our “Coffee and Chat” program and other grief advocacy sessions.

- Number of school-aged youth engaged in/benefiting from In school/ Afterschool/ Out of School Programs to help bring up academic and social/behavioral levels.
- Number of youth/teens receiving referrals to behavioral health, evidence based programming, and other supportive services
- Number of families attending support sessions and family engagement opportunities

We project we will serve the following number of children, teens, and caregivers:

	# of community-based grief groups	# of youth	# of caregivers educated
January	5	18	0
February	4	16	8
March	6	33	20
April	7	29	34
May	5	19	4
June	0	0	0
July	0	0	0
August	0	0	5
September	9	45	5
October	17	95	5
November	8	40	0
December	0	0	0
Total Unique	30	150	81

Agency Defined Performance Measure(s):

Kate's Club believes in an integrated family approach to programming, given that the number one indicator for a child's ability to work through their grief is the parent's capacity to work through theirs. We have seen the importance of educating not only parents and caregivers on the tools they need to help manage their grief and then support their child, but also the importance of

educating professionals on this as well.

To measure reach, Kate's Club will track the number of students in school-based grief groups, the number of schools participating in KC Connects, the number of parents/caregivers with whom we provide bereavement education, the number of professionals working with children (e.g., school counselors, social workers, etc.) trained in grief support and communications, as well as the number of training and education sessions for both groups.

	# of trainings	# of professionals trained	# of educations
January	5	113	1
February	2	15	2
March	2	18	2
April	2	102	4
May	1	24	2
June	0	0	0
July	2	50	0
August	2	50	1
September	3	50	2
October	3	75	2
November	2	50	2
December	0	0	2
	24	547	20

EVALUATION METHODS AND GOALS:

Kate's Club intends to continue the use of the Bereavement Needs Assessment within the KC Connects grief groups in Fulton County to assess our programs' quality and impact. Starting in the fall semester, we will pilot the use of the BNA in Fulton County school groups with the Promise Career Institute. In 2023, Kate's Club completed two 8-week school-based grief groups with TGCT-driven curriculum (the basis of the BNA), with pre- and post-BNAs completed with 14 seventh and eighth graders at Wesley International Academy. Some highlights of our BNA findings from these two closed groups include:

- 50% decreased longing for the person(s) who died and improvement in coping with their new identity
- 64% experienced fewer PTSD symptoms (e.g., trouble sleeping or concentrating, intrusive thoughts about the death, feeling alone around other people, trouble feeling happiness or love)
- 57% experienced lower depressive symptoms after group and 43% acquired skills to better cope with their hard feelings

The ultimate goal of KC Connects is that children and teens are able to accept the reality of their loss, process the pain of grief, adjust to a world without the deceased, and develop an enduring connection with their loved ones while embarking on a new life.

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 **\$30,000.00**.

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

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

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

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

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

ARTICLE IV - RECORD KEEPING

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

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

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

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

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

To Fulton County:

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

To Contractor:

**Kate's Club
1190 W Druid Hills NE Suite T-80
Atlanta, Georgia 30329**

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 **Kate's Club**, 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:	Kate's Club, Inc.
Project No. and Project Title:	25RFP020325C-MH 2025 Community Services Program (CSP)

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:

1523699
Federal Work Authorization User Identification
Number (EEV/E-Verify Company Identification
Number)

04/01/2020
Date of Authorization

Kate's Club, Inc.
Authorized Officer or Agent
(Name of Contractor)

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

Lisa Aman
Printed Name (of Authorized Officer or Agent of Contractor)

Executive Director, Kate's Club, Inc.
Title (of Authorized Officer or Agent of Contractor)

Lisa Aman
Signature (of Authorized Officer or Agent)

02/06/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

06th DAY OF March, 2025

Notary Public

My Commission Expires:

7/11/25

[NOTARY SEAL]

Elizabeth O Lawrence
NOTARY PUBLIC
Fulton County, GEORGIA
My Commission Expires 07/11/2025

* 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:	
Project No. and Project Title:	

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.

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

Date of Authorization

Authorized Officer of Agent
(Name of Subcontractor)

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

Printed Name (of Authorized Officer or Agent of Contractor)

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Date Signed

SUBSCRIBED AND ~~SWORN~~ BEFORE ME ON THIS THE

____ DAY OF _____, 20 ____

Notary Public

[NOTARY SEAL]

My Commission Expires: _____

* 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)

5/27/2025

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

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

PRODUCER Haven Insurance Group 2200 Century Pkwy Suite 950 Atlanta GA 30345	CONTACT NAME: C.J. Wilkes PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: cjwilkes@haveninsurancegroup.com ADDRESS:														
INSURED Kate's Club 1190 W Druid Hills Dr T-80/T-40 Atlanta GA 30329	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : GREAT AMER ASSUR CO</td> <td></td> </tr> <tr> <td>INSURER B : GREAT AMER ALLIANCE INS CO</td> <td></td> </tr> <tr> <td>INSURER C : TWIN CITY INS CO</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 : GREAT AMER ASSUR CO		INSURER B : GREAT AMER ALLIANCE INS CO		INSURER C : TWIN CITY INS CO		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C : TWIN CITY INS CO															
INSURER D :															
INSURER E :															
INSURER F :															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		MAC 5051951 20	03/01/2025	03/01/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1,000,000						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Professional Liability - \$1,000,000						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			MAC 5051951 20	03/01/2025	03/01/2026	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)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			UMB 5051952 19	03/01/2025	03/01/2026	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
A	COMMERCIAL PROPERTY (REPLACEMENT COST)			MAC 5051951 20	03/01/2025	03/01/2026	Improvements/Bett	\$537,562
	Contents						\$107,312	
	Deductible						\$1,000	

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

Additional Insured - By Contract - CG 89 70
 Primary and Non-Contributory Additional Insured Extension - CG 89 70

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government 141 Pryor St SW Atlanta GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/05/2025

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 Doug Jones (Justworks) c/o Artex Risk Solutions, Inc. P.O. Box 13838 Scottsdale, AZ 85267	CONTACT NAME: Justworks Customer Success PHONE (A/C, No, Ext): (888) 534-1711 FAX (A/C, No): E-MAIL ADDRESS: support@justworks.com INSURER(S) AFFORDING COVERAGE INSURER A : American Zurich Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Justworks Employment Group LLC Labor Contractor, for co-employees of: KATE'S CLUB, INC. dba: Kate's Club PO Box 7119 Church Street Station New York, NY 10008-7119	
NAIC # 40142	

COVERAGES**CERTIFICATE NUMBER:** 25NY0171249816**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC 89-86-595-01	06/01/2025	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				Location Coverage Period:	06/01/2025	06/01/2026	Client# 155365-GA

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

Coverage is provided for only those co-employees of, but not subcontractors to:

KATE'S CLUB, INC. dba: Kate's Club
 1190 Druid Place Northeast, T80
 Atlanta, GA 30329

CERTIFICATE HOLDER

Fulton County Government
 141 Pryor Street
 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

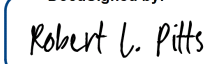
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.

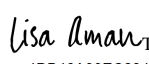
OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA



VENDOR NAME **Kate's Club**

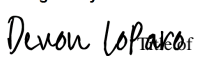

DocuSigned by:

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

Signed by: Name of Signatory: Lisa Aman

Title of Signatory: Executive Director
4DB46A00EC23453...
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

(Affix County Seal)

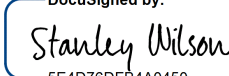
Signed by: Name of 2nd Signatory: **Devon LoParo**

Title of 2nd Signatory: **Board of Directors Secretary**
2B9F060BC1AE481...
Second Authorized Signature
Signed by:

(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	<input checked="" type="checkbox"/> 2ND RM
ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0398 2ND RM: 05/21/2025 SECOND REGULAR MEETING

Certificate Of Completion

Envelope Id: A37A4FFE-553B-4FB7-9EA7-3BE63D52D14B

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Kate's Club-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 30

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 2

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: 100.16.226.226

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/15/2025 10:57:34 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

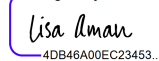
Lisa Aman

lisa.aman@katesclub.org

Executive Director

Security Level: Email, Account Authentication
(None)

Signed by:


4DB46A00EC23453...

Sent: 6/15/2025 11:04:19 PM

Resent: 6/20/2025 2:41:09 PM

Viewed: 6/20/2025 7:09:51 PM

Signed: 6/20/2025 7:10:35 PM

Signature Adoption: Pre-selected Style

Using IP Address: 23.112.78.81

Electronic Record and Signature Disclosure:

Accepted: 6/16/2025 1:36:24 PM

ID: 9cfc8e89-fb93-4997-83c1-4a14b621402e

Devon LoParo

devon.loparo@gmail.com

Security Level: Email, Account Authentication
(None)

Signed by:


2B9F060BC1AE481...



Sent: 6/20/2025 7:10:38 PM

Resent: 6/23/2025 9:17:00 AM

Resent: 6/23/2025 10:17:47 AM

Viewed: 6/23/2025 10:25:52 AM

Signed: 6/23/2025 10:26:53 AM

Signature Adoption: Pre-selected Style

Using IP Address: 170.140.104.10

Electronic Record and Signature Disclosure:

Accepted: 6/23/2025 10:25:52 AM

ID: aee3e2b0-1de4-4cfa-942a-dbda4fe46888

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 74.174.59.4

Sent: 6/23/2025 10:26:57 AM

Viewed: 6/23/2025 11:48:59 AM

Signed: 6/23/2025 11:49:11 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by:  5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/23/2025 11:49:14 AM Resent: 6/24/2025 9:44:23 AM Viewed: 6/24/2025 12:40:35 PM Signed: 6/24/2025 12:40:42 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 6/24/2025 12:40:46 PM Resent: 6/25/2025 1:09:02 PM Viewed: 6/25/2025 3:00:54 PM Signed: 6/25/2025 3:02:39 PM
Electronic Record and Signature Disclosure: Accepted: 6/25/2025 3:00:54 PM ID: ef5dfbb4-c7d7-40ce-b733-c2d0cfef4806		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/25/2025 3:02:44 PM Viewed: 6/25/2025 3:04:16 PM Signed: 6/25/2025 3:06:14 PM
Electronic Record and Signature Disclosure: Accepted: 6/25/2025 3:04:16 PM ID: 69775564-4d0b-4782-ba94-92db88288beb		
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: 6/25/2025 3:06:18 PM Viewed: 6/27/2025 2:43:31 PM Signed: 6/27/2025 2:43:58 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 2:44:02 PM Resent: 6/30/2025 11:54:21 AM Viewed: 6/30/2025 12:00:15 PM Signed: 6/30/2025 12:00:23 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  EEC476C4837648D...  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 6/30/2025 12:00:27 PM Viewed: 7/1/2025 10:40:47 AM Signed: 7/1/2025 10:41:00 AM
Electronic Record and Signature Disclosure:		

Signer Events	Signature	Timestamp
Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 7/1/2025 10:41:05 AM Resent: 7/3/2025 10:43:56 AM Viewed: 7/9/2025 9:35:37 AM Signed: 7/9/2025 9:35:52 AM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/15/2025 11:04:18 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/15/2025 11:04:18 PM Resent: 7/9/2025 9:36:02 AM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/15/2025 11:04:19 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/9/2025 9:35:58 AM Viewed: 7/9/2025 11:10:21 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/15/2025 11:04:18 PM
Envelope Updated	Security Checked	6/23/2025 10:17:46 AM
Envelope Updated	Security Checked	6/23/2025 10:17:46 AM
Envelope Updated	Security Checked	6/23/2025 10:17:46 AM
Certified Delivered	Security Checked	7/9/2025 9:35:37 AM
Signing Complete	Security Checked	7/9/2025 9:35:52 AM
Completed	Security Checked	7/9/2025 9:35:58 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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

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