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FULTON COUNTY

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

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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 **Hillside, Inc.** (hereinafter referred to as "Contractor"), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the "Parties").

WITNESSETH

WHEREAS, as part of its official functions, Fulton County is authorized to exercise the power of taxation pursuant to Art. IX, Section IV., Par. I of the Constitution of the State of Georgia of 1983, and to expend such funds raised by the exercise of said powers for public purposes as declared in Art. IX, Section IV., Par. II of the Constitution; and

WHEREAS, Contractor has in its employ personnel, and under its supervision, facilities and resources by which it can render to Fulton County and the citizens thereof certain services authorized by the aforementioned Constitutional provision; and

WHEREAS, Contractor has agreed to render services to the citizens of Fulton County, and the County has appropriated funds for those services; and

WHEREAS, the parties desire to execute a formal agreement for the services to be rendered by Contractor, and said services shall be defined, and consideration to be paid for such services by Fulton County for the successful performance of the services, and shall be enumerated.

The Agreement was approved by the Fulton County Board of Commissioners on **May 21, 2025, BOC#25-0398.**

NOW, THEREFORE, in consideration of the premises, payment of the sum hereinafter set forth and the performance of the services described herein, it is mutually agreed as follows:

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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

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Hillside, Inc., Connecting Communities: Mental Health Program will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

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

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Ashley Cascade Apartments,	1371 Kimberly Way SW,	Atlanta	GA	30331	5	5

Approach and Design:

Hillside, Inc., Connecting Communities: Mental Health Program will provide services to **80** clients that reside in Fulton County, with CSP funding.

Hillside, Inc., Connecting Communities: Mental Health Program **will provide the following activities and services in Fulton County with CSP funding:**

Activities and Services Accomplished

Our methods for improving family functioning, thereby reducing the need for crisis services and increasing self-sufficiency, are as follows:

- Equipping families with the parenting skills needed to foster family support, reduce risk factors and promote healthy behaviors for children and youth.

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- Teaching families how to advocate for their child(ren)
- Helping families build a network of professional and natural supports (i.e. friends, neighbors, relatives)
- Connecting families with existing resources in the community
- Engaging with families in a way that teaches them how to obtain needed resources to assist their children with their behavioral and/or emotional problems
- Advocating for a child's educational needs and teaching the family how to partner with the child's school
- Helping families plan for the future
- Helping families understand psychotropic medications, psychological diagnoses and how the mental health system operates
- Equipping families with the parenting skills needed to improve a child's behavior problems
- Developing emotional regulation skills for the parent(s) and child
- Developing crisis plans and coaching the family on how to use them with their formal and informal supports

We utilize the following evidence-based practices in order to accomplish our activities and services: **Wraparound and Triple P (Positive Parenting Program).** Wraparound is an evidence-based, team-based planning process intended to provide individualized, coordinated, family-driven care, engaging a family to help them wrap-around all services and supports they need in order to function effectively and preserve their family unit. Included in the supporting documents is an article titled "Ten Principles of the Wraparound Process," Wraparound is listed on the California Evidence-Based Clearinghouse (CEBC) as a Placement Stabilization Program and has a Level 3 rating for Promising Research Evidence and a High level of relevance to Child Welfare Systems: http://www.cebc4cw.org/program/wraparound/.

Triple P is an evidence-based parent training and disruptive behavior treatment program that gives parents simple and practical strategies to help them confidently manage their children's behavior. Triple P is listed on the CEBC as both a Parent Training Program and a Disruptive Behavior Treatment Program: https://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/. with a Level 1 rating for being Well Supported by Research Evidence, a Medium level of relevance to Child Welfare Systems and has been found to decrease disruptive behaviors in children and adolescents.

"Health & Human Services"

Our program prevents health disparities by connecting residents to resources and supports vulnerable residents in social services, two of the program objectives for the Health & Human Services category. While our primary focus is on improving mental, emotional and behavioral health we are also assisting families with the stressors that can impact housing, literacy and health care access. We do this indirectly, by connecting families with formal and informal supports such as neighbors, places of worship, government programs, and linking families to professional tutoring services when indicated through assessment. Addressing health disparities, promoting education and employing a preventative approach across each of the program areas identified in the RFP is essential to our overall goal of strengthening the family unit.

One example of how our program achieves program objectives is a young man of 16 years of age at the Ashley Cascade complex. He has dropped out of school due to being bullied every day for having an Individualized Education Program

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(IEP) and for wearing old clothes. His father died a few years ago and he struggles with finding meaning in his life. His mother has addiction issues and his grandmother has been his main caregiver since he was 12. His grandmother reported feeling "tired" and he told us he felt like a burden to her. He would sleep all day and at night he would roam the city with his friends, breaking into cars and causing havoc at the apartments. He has been arrested several times, and police sometimes come looking for him. Although, he has a history of breaking the law, he has always been respectful to the Connecting Communities team. He knows that he can always drop into group sessions, get food and learn distress tolerance skills in the process. He is now the one that tells all the other children to "chill", when they are acting out. He has a beautiful singing voice and will sometimes serenade the program staff, due to it being his favorite coping skill. He is in the process of being transformed from a reactive teenager to a thoughtful young man able to regulate his emotions and focus on the bigger picture. The team check on him weekly and have connected him to a mentorship program for African American males in the Atlanta area, who have lost their father to gun violence. Connecting communities also assist him with completing job applications, scheduling appointments and connecting his grandmother to Kinship Navigator programs. He is doing much better in life and has started to apply for jobs. He is open to change and the team are supporting him to create the life that he wants.

CSP Children & Youth Funding Priorities:

Afterschool/ Out of School Programs to help bring up academic and social/behavioral levels of school-aged youth (afterschool programming, enrichment programs, tutoring, mentoring, summer camps, camps during school breaks)
We provide services to the entire family in order to help strengthen the family unit and each child's place in the community. Weekly sessions focus on a range of topics including financial literacy, how to say "no" to stay out of trouble, and creating good behavior. We also include fun, learning opportunities including games, arts and crafts.

We work with families to help them develop natural supports. The open sessions have connected neighbors and created a local network of support. We help families connect with local resources such as the Boys and Girls Club, the YMCA, and other similar after-school programs. All of this ensures that family caregivers have supports and services in place to effectively meet their child's academic and social needs.

Ensure Safety and Justice by providing alternatives to activities and contributing factors that lead to unhealthy behaviors in children and youth:
Children at the Ashley Cascade Apartments have little or no access to extra-curricular activities, depriving them of opportunities to learn, grow in confidence and develop friendships. This can leave them isolated from their family and their peers, creating a cycle of unhealthy behaviors that can lead to involvement with the Department of Juvenile Justice and finding themselves in high risk situations.

The program provides children with educational, enrichment activities that they can participate in within their complex, removing the barriers of cost and travel that some other programs pose. Hillside staff engage children and adolescents in extra-curricular activity helping them to develop new interests and build confidence, working with the family to find activities that they can enjoy together, participating in shared experiences that form the foundation of the familial

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relationship. Providing children with access to these experiences is a tool to help them become part of the community. When children have the support and the tools to manage their emotions they experience increased positive mood and actions. They are stabilized in the community and more likely to adopt healthy behaviors reducing the rates of truancy, expulsions, gang involvement and hospitalizations and the burden of cost on law enforcement, social services and the wider community.

Programs addressing mental health, depression, stress, trauma and anxiety among youth and teens.

The purpose of the program is to address the mental health needs of youth and teens. 1 in 6 youth in the USA will experience a mental disorder each year and more than half of people with a mental health condition in the U.S. did not receive any treatment in the last year. Of the 391,000 adults in Georgia who did not receive needed mental health care, 45.4% did not because of cost. (Statistics from NAMI Georgia https://namiga.org/wp-content/uploads/sites/21/2021/07/GeorgiaStateFactSheet.pdf

The standard practice of most mental health agencies contributes to disparities in access to mental health care. Clinic hours during the day, do not accommodate school hours. Parents working in low-wage shift positions, without the flexibility to attend weekly appointments with their child held during business hours. Clinics can have long wait times for appointments and require multiple visits before receiving treatment. These barriers are exacerbated by the daily stressors and demands of living in poverty that can keep families from prioritizing mental health needs.

Our weekly open sessions for youth are held in the apartment complex outside of school hours, it is no cost and accessible for them to attend. We regularly see children with undiagnosed conditions that are struggling at home, school and in the community because their needs are not being met.

Programs and services focusing on one or more of the six National milestones of My Brother's Keeper (MBK) Alliance (MBK addresses persistent opportunity gaps faced by boys and young men of color and ensure that all young people can reach their full potential.)

Children at the Ashley Cascade Apartments regularly experience community and domestic violence. Our services are designed to address behaviors that threaten the safety of children at the apartments and reduce violent outbursts from children by focusing on the National milestone of **"Reducing Violence and Providing a Second Chance."** Families who are high risk for domestic and community violence will be offered individual sessions with a member of the Hillside team for increased behavioral supports in order to mitigate situations in the home and/or school. As children and families gain skills and become connected with formal and informal supports in the community, there are two main changes that take place for most families served. First, the parent becomes more equipped to handle a child's behaviour, set boundaries and reduce risk factors for their family both at home and in the community. Second, the child's behavior improves. Through monitoring progress and teaching skills to set their own goals and celebrate achievements, our staff team helps children to build a solid foundation of behavioral change that will help them stay on track and give them a second chance to meet their full potential.

Collaborative Relationships

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We are always collaborating with other agencies to serve each family on the micro level while also partnering with various groups to advocate for the mental health community at the macro level. Below are more than ten examples of these collaborations and partnerships.

We work with the Fulton County School System and Atlanta Public Schools to ensure that each child with a mental health condition and disability has an educational plan that meets his or her needs and helps the child work toward having the skills needed to become self-sufficient. Additionally, we collaborate with mental health agencies such as Family Ties, Transitional Family Services, Oak Hill Child, Family and Adolescent Center, and Pathways Transition Programs. Our agency has also partnered with ChildKind when working with children who have combined physical and mental health diagnoses. Our programs frequently partner with Fulton Juvenile Court and Fulton Division of Family and Children Services (DFCS) when families and children are involved with these entities. Our agency is an official partner with the Multi-Agency Alliance for Children (MAAC), and together we provide services to and advocate for Fulton County youth. We are also members of several groups that engage in advocacy in the mental health disabilities arena: the Georgia Alliance for Treatment Services (GATS), whose monthly meetings are hosted by Hillside; Together GA; and the Family Focused Treatment Association (FFTA).<

Designation of CSP Funds:

Based on the awarded amount of **$40,000.00,** 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,

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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.)	$2,000.00
Operational (25% Operational max of total funds awarded.)	$4,500.00
Direct Services	$33,500.00
Total	$40,000.00

Explanation of Funding Details:

Agency Audit

We have included an agency audit that meets all requirements: between the period July 1, 2023 - June 30, 2024; conducted by a Certified Public Accountant; signed and including an Independent Auditor's Report expressing an opinion regarding all pertinent material aspects of the agency's finances.

Description of Agency's Current Fiscal Year Budget

For FY 2024/5 Hillside has an Operating budget of $25,629,977. This includes all programs including residential, Partial Hospitalization (Day Program) and all Community Programs. This amount includes salaries, benefits, food (residential), insurance, transport, communications, software, supplies and staff development. Of total operating revenue, excluding capital, 7% is from Grants and Public Support and Contributions. 85% of Operating Revenue is from Service Revenue from Hillside's Psychiatric Residential, Community Intervention, and Outpatient DBT Clinic programs. Management and General Expenses represent 7% and Fundraising represents 1% of agency expenses. Hillside continuously monitors revenue and expenses and proactively looks for ways to provide more services to the populations that we serve, while at the same time ensuring availability of funds to cover program costs.

A snapshot of our FY 2024/25 agency budget is included as supporting documentation.

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Description of Total Program Budget

In 2024, we received $40,000 in funding through the CSP to serve 32 clients in Fulton County. For 2025, we have been awarded the same amount and will serve 32 individual clients, impacting 80 Fulton County residents overall. The current budget for our Community Programs services is $2,052,796, million. As such, the award of $40,000 constitutes 2% of the overall budget for our community-based programming, and less than 0.15% of the agency's total budget.

Please see below for a detailed description of the program budget for the $40,000 we have been awarded and how this money will be spent, and the programming it would support.

Reasonable and Necessary Expenditures

The Direct Service program costs primarily fund salary and fringe benefits for our direct service staff. Two members of staff trained in Dialectical Behavioral Therapy (DBT) and trained as Triple P practitioners hold 2 weekly sessions at the apartments. Sessions are open to everyone to attend, which means over the course of the year, we could serve in excess of the target of 50 families. We have been conservative in our approach as we are mindful that contact with families might be made without them fully engaging in services or giving us sufficient data to track their participation. This means that over the course of the full year our team will serve a minimum of 32 families (approximately 80 total individuals, as we anticipate seeing 2.5 individuals per family, on average).

Our grant award pays part of the salary for one of our licensed therapists, our Triple P practitioners provide services including Parent Training, Assessment, Treatment and Safety Plan Development, Care Co-ordination, Advocacy and Crisis Support. The projected salary and fringe benefits for one Triple P practitioner is $82,686.

(Salary: $67,820 and Fringe Benefits: $14,866) In total, Direct Service program costs are $33,500.

The Operational Costs of this program include mileage reimbursement ($0.66/mile) for staff travel to and from the apartments, the cost of a mobile phone data plan for 1 FTE ($660 annually), The total Operational Costs we are applying to this program are just a portion of the costs outlined above: $4,500.

The Administrative program costs fund small portions of the salary and fringe benefits for our Director of Community Programs ($106,000). The Director provides active oversight of all administrative aspects of program services, including financial oversight, marketing/referrals, staffing needs, data analysis and continuous quality improvement. She also oversees all clinical services and clinical staff development, meeting with direct service staff weekly to ensure client services remain tied closely to our program structure and are responsive to client needs in real time. We have apportioned $2,000 for these services.

The total program cost is $40,000 ($33,500 Direct Service + $4,500 Operational + $2,000 Administrative).

Budgetary Schedule/Timeline

The timeline for this proposal is for a program running January 1, 2025 – December 31, 2025. Our proposed plan

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outlines services being delivered to 32 families at a time, beginning in January, with services to each family lasting up to a year, allowing for families to attend weekly or as and when needed. This allows for steady service delivery to a minimum of 50 families (approximately 80 total individuals) over the course of the year.

As we are looking to engage a community housed upon a single site, our referral sources are the Community Engagement Officer employed at the apartments and neighboring families that are already attending sessions and encourage others to join through word of mouth. Our staff team produce flyers and regularly go door to door at the complex to promote the regular sessions and events. Additionally, we have an established reputation in the community as we have been providing services there since March 2021.

Program Performance Measures:

Hillside, Inc. 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,7. Number of boys/young men of color benefiting from My Brother's Keeper (MBK) Alliance six National Milestones...

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:

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Methods to be Used and Goals to be Obtained

Our methods for improving family functioning, improving mental health awareness, reducing risk factors and increasing self-sufficiency, are as follows:

· Teaching families how to advocate for their child(ren) with special needs

· Helping families build a network of professionals and natural supports

· Connecting families with existing resources in the community

· Engaging with families in a way that teaches them how to obtain needed resources to assist their children with their behavioral and/or emotional problems

· Advocating for a child's educational needs and teaching the family how to partner with the child's school

· Helping families develop safety plans

· Helping families understand psychotropic medication, psychological diagnoses and how the mental health system operates

· Teaching families the parenting skills needed to improve a child's behavior problems

· Developing emotional regulation skills for the parent(s) and child

· Developing crisis plans and coaching the family on how to use them with their formal and informal supports

We utilize elements of the following evidence-based practices in order to accomplish our activities and services: **Wraparound and Triple P (Positive Parenting Program).** Each of these practices is described in detail in the Approach and Design section above.

The goals to attain based on the services provided include: prevention of out-of-home child placement and Child Protective Services (CPS) referrals; improvement of: parental capabilities, family interactions, child well-being, and health; establishment of a support network.

Major Milestones/Schedule

Our service delivery is designed around the residents' schedule and preferences, maximizing engagement and working around school hours to accommodate children. The Ashley Cascade program works not only to address mental health and well-being but to also focus on the stressors that impact mental and behavioral health. Due to the complex needs of the families, the program at Ashley Cascade will run throughout the year, offering varying levels of support tailored to the residents. This differs from our typical ten-week course as we look to establish trust with families and demonstrate our commitment to the long- term well-being of the Ashley Cascade community. Some families will attend sessions and access Hillside's program only when they are in crisis, some might attend weekly and build their skills over a period of

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time making it part of their support system, and others may attend until they feel that sessions have helped them be self-sufficient and are able to solve problems independently. For low income families, a one-off event such as an unexpected bill or ill health can impact their child being at school, having enough food or being able to work, therefore, progress in this program is not linear and requires a consistent presence over a period of time. Many families have experienced intermittent services that have disappeared when the funding landscape changed and it is important that we deliver on the resources we have offered. As families gain skills and develop their own network of support they might attend sessions less frequently or even find themselves in a position where they leave the apartments. This means that throughout the year we will see a turnover in the families that attend. The content of the sessions is structured around a specific topic each week. Milestones for families receiving this service will include completing elements of the Triple P training module and demonstrating their learning through improvements in family functioning.

The schedule for reporting milestones and achievement is primarily based upon surveys taken at the beginning and throughout the family's attendance of sessions. However, we are working with a population that has had negative experiences in the past and it might take several weeks for them to feel comfortable in confiding some of the challenges they are facing or complete any paperwork. With this in mind, our staff make their own records of who attends sessions and what their needs appear to be, so that we have some information prior to being able to officially monitor progress through surveys and PROMIS scores.

Data Collection Tools

One of the ways in which we gather data to report on program outcomes is through PROMIS® (Patient Reported Outcomes Measurement Information System) which is a set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children. It can be used with the general population and with individuals living with chronic conditions.

PROMIS measures are used to precisely measure health-related constructs with fewer items than conventional measures. PROMIS measures provide a common metric: the T-score (mean = 50, standard deviation = 10). In most cases, 50 equals the mean in the U.S. general population. PROMIS scores have a mean of 50 and standard deviation (SD) of 10 in a referent population. Score ranges that correspond to within normal limits, mild, moderate, and severe were estimated for PROMIS profile and other domains.

The PROMIS method acts as an informal version of case management. With families often unwilling to divulge a lot of personal data at one time, the survey might identify one basic need, allowing us to support or make a referral that can improve the family situation. For example, a family may be struggling with a child's behavioral challenges. In a more formal case management, we would implement a treatment plan and set goals around reducing some of the challenging behaviors. However, for families at Ashley Cascade who might feel intimidated or overwhelmed by the rigors of case management, we can introduce elements of the Triple P training for the parent and help them to communicate more effectively with their child and advocate for the child's needs. This becomes a form of goal setting that we would usually see within a treatment plan. Our staff members will receive updates on progress for the family through the weekly sessions and once trust in the process has been established further goals can be set, perhaps in a more formal way.

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Additionally, we encourage each family to complete satisfaction surveys based on their experience with services. We review satisfaction survey responses on a monthly basis and adjust policy, procedure and service delivery as needed, based on the direct feedback we receive from clients.

Children & Youth Services County defined performance measures:

We will be reporting on the following Children & Youth County-defined performance measures:

1. **Number of school-aged youth benefiting from Afterschool/ Out of School Programs to help bring up academic and social/behavioral levels.** We are able to measure this through the number of youths attending sessions run by our team at the apartments and through the connections to both formal and informal community supports (such as after-school activities, tutoring, clubs, friends, neighbors, teachers, etc.), as measured throughout services. As part of our service delivery, we work with the family to ensure they are connected with necessary supports in the community to allow for sustained academic and behavioral gains. Community supports are vitally important for families with children who have mental health and behavioral challenges. Families of children with behavioral challenges are often lacking in supports as they tend to isolate themselves out of a sense of fear and shame.
2. **Number of youth/teens receiving referrals to behavioral health and other supportive services.** Hillside's team on site at the Ashley Cascade Apartments includes a licensed professional who is qualified to diagnose mental health conditions and provide appropriate services and referrals. We are able to track the number of referrals made and services provided through records kept by the clinician and other team members connecting families to support services. For families facing barriers to accessing mental and behavioral healthcare services, our team can help them apply for Medicaid and can track these applications along with referrals.
3. **Number of youth involved with or at risk for involvement with the Juvenile Justice System who demonstrate decreased or no delinquent behaviors (i.e. truancy, in school suspension, out of school suspension, etc.)** Hillside will report on this metric through monitoring the number of youths demonstrating decreased or no delinquent behaviors throughout the program. Behaviors that need to be addressed due to involvement or risk of involvement with the Juvenile Justice System are identified during weekly sessions. We work with the family to tackle the root cause of challenging behavior and focus on skills that will effect behavioral change. Our surveys and PROMIS scores track any challenges and reduction in delinquent behaviors.
4. **Number of boys and young men of color benefiting from My Brother's Keeper Programs and services that addresses persistent opportunity gaps (defined by six National Milestones of My Brother's Keeper (MBK) Alliance.)** We are able to measure against this performance through reporting the number of boys and young men of color that we serve and refer to services that help address root causes of violent behavior. Families will be supported in accessing services that support boys and young men of color, in line with the MBK Alliance's goal of "Reducing Violence And Providing A Second

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Chance". Hillside will utilize its relationships with local agencies to refer clients to re-entry programs, educational support services, job training, as well as mental health and substance abuse counseling.

Agency Defined Performance Measure(s):

Agency Defined Performance Measures

We will report on the following agency-defined performance measures:

1. Parental Capabilities
2. Family Interactions
3. Safety in the Community
4. Development & Enrichment Opportunities

Data for the agency defined performance measures will be obtained through the administration of the PROMIS assessments at intake and throughout our services. Our prior year data shows double-digit improvements from intake to closure on both measures. By regularly administering PROMIS assessments we can identify areas of strength and areas needing development, allowing for data-driven decision-making and targeted service plans. Additionally, tracking these measures over time helps to monitor progress, celebrate successes, and make informed adjustments to programs, ultimately leading to better outcomes for the families and communities served. Lastly, consistent performance tracking fosters a culture of continuous improvement, where feedback and data are actively used to refine practices, enhance service delivery, and ensure that the program is meeting its goals and objectives.

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

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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.

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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 **$40,000.00.**

(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

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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

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hsd.grants@fultoncountyga.gov
137 Peachtree Street, SW
Atlanta, Georgia 30303

To Contractor:

Hillside, Inc.
690 Courtenay Drive, NE
Atlanta, Georgia 30306

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

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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.

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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 **Hillside, Inc.**, its directors, officers, employees, agents and assigns shall have no right of redress pursuant to the Personnel Rules and Regulations of Fulton County.

(b) The Contractor shall pay all sales, retail, occupational, service, excise, old age benefit and unemployment compensation taxes, consumer, use and other similar taxes, as well as any other taxes or duties on the materials, equipment, and labor for the work provided by the Contractor which are legally enacted by any municipal, county, state or federal authority, department or agency at the time bids are received, whether or not yet effective. The Contractor shall maintain records pertaining to such taxes as well as payment thereof and shall make the same available to Fulton County at all reasonable times for inspection and copying. The Contractor shall apply for any and all tax exemptions which may be applicable and shall timely request from Fulton County such documents and information as may be necessary to obtain such tax exemptions. Fulton County shall have no liability to the Contractor for payment of any tax from which it is exempt.

ARTICLE VIII - INSURANCE

Contractor agrees to obtain, maintain and furnish to Fulton County, a Certificate of Insurance (COI) showing the required coverage during the entire term of this Agreement. All insurance limits are listed in the "Insurance and Risk Management Provisions" document, Attachment "A", with Fulton County, Georgia added as an "Additional Insured". The cancelation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

ARTICLE IX – AMENDMENTS AND MODIFICATIONS TO CONTRACT

(a) This Agreement constitutes the entire agreement between Fulton County and Contractor, and there are no further written or oral agreements with respect thereto, no variations, amendments or modifications of this Agreement, and no waiver of its provisions, shall be valid unless in writing and signed by Fulton County's and Contractor's duly authorized representatives.

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(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

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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.

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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.

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NOT APPLICABLE

FULTON COUNTY

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Hillside, Inc.
Project No. and Project Title:	Connecting Communities - Mental Health Program

FORM G: SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

1139082

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

11/3/16

Date of Authorization

Authorized Officer of Agent
(Name of Subcontractor)

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

Emily Acker

Printed Name (of Authorized Officer or Agent of Contractor)

CEO

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

3/3/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

3 DAY OF March, 2025

Notary Public

My Commission Expires: 10/05/2025

E DUHANEY NOTARY PUBLIC DEKALB COUNTY, GA MY COMMISSION EXPIRES OCTOBER 05 2025

[NOTARY SEAL]

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

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FULTON COUNTY

F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Hillside, Inc.
Project No. and Project Title:	Connecting Communities - Mental Health Program

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of Fulton County Government has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10- 91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

1139082

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

11/3/16

Date of Authorization

Hillside, Inc.

Authorized Officer or Agent
(Name of Contractor)

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

Emily Acker

Printed Name (of Authorized Officer or Agent of Contractor)

CEO

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

3/3/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

3 DAY OF March, 2025

Notary Public

[NOTARY SEAL]

E DUHANEY NOTARY PUBLIC DEKALB COUNTY, GA MY COMMISSION EXPIRES OCTOBER 05 2025

My Commission Expires: 10/05/2025

*** 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).**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/3/2024

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 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
Sterling Seacrest Pritchard, Inc.
2500 Cumberland Pkwy, Suite 400
Atlanta GA 30339

CONTACT NAME: Zack Marsh
PHONE (A/C, No, Ext): 404-949-1109 **FAX (A/C, No):**
E-MAIL ADDRESS: zmarsh@sspins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Beazley Insurance Company	
INSURER B : CINCINNATI INSURANCE COMPANY	10677
INSURER C : Lloyds of London	32727
INSURER D : Philadelphia Indemnity	18058
INSURER E :	
INSURER F :	

INSURED HILLINC-0C
Hillside, Inc.
690 Courtenay Dr. NE
Atlanta GA 30306

COVERAGES **CERTIFICATE NUMBER:** 1744997034 **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	X **COMMERCIAL GENERAL LIABILITY** X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		W27C38240601	7/1/2024	7/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Abuse & Molest. Agg.	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			ENP 0088080	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	☐ **UMBRELLA LIAB** ☐ OCCUR X **EXCESS LIAB** X CLAIMS-MADE ☐ DED ☐ RETENTION $			UA23UX174M2X-02	7/1/2024	7/1/2025	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A D B	Professional Liability Directors & Officers Liability Excess Auto Liability			W27C38240601 PHSD1808815-002 ENP 0088080	7/1/2024 7/1/2024 7/1/2024	7/1/2025 7/1/2025 7/1/2025	Per Claim / Aggregate Per Claim / Aggregate Per Claim / Aggregate	$1M / $3M 5,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as an additional insured on the General Liability policy as per attached form E02293.

CERTIFICATE HOLDER

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

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
Dana Matthews

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Effective date of this Endorsement: 01-Jul-2022
This Endorsement is attached to and forms a part of Policy Number: W27C38220401
Syndicate 2623/623 at Lloyd's. Referred to in this endorsement as either the "Insurer" or the "Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY

This endorsement modifies insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance Claims Made and Reported Insurance

In consideration of the premium charged for the Policy, it is hereby understood and agreed that solely in relation to coverage provided under Clause **I. INSURING AGREEMENTS**, A. 2. General Liability, Clause **II. PERSONS INSURED** is amended to include any entity for which the **Insured** has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the **Named Insured** and that is also named in a **Claim** if all of the following conditions are met:

1. The **Claim** against the Additional Insured seeks damages for which the **Insured** has assumed liability;

2. This insurance applies to such liability assumed by the **Insured**;

3. The obligation to defend the Additional Insured has also been assumed by the **Insured** in the same contract or agreement;

4. The allegations in the **Claim** and the information known about the incident are such that no conflict appears to exist between the interests of the **Insured** and the interests of the Additional Insured;

5. The Additional Insured and the **Insured** ask Underwriters to conduct and control the defense of that Additional Insured against such **Claim** and agree that Underwriters can assign the same counsel to defend the **Insured** and the Additional Insured;

6. The Additional Insured agrees in writing to:

    a. Cooperate with the Underwriters in the investigation, settlement or defense of the **Claim**;

    b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the **Claim**;

    c. Notify any other insurer whose coverage is available to the Additional Insured; and

    d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and

7. The Additional Insured provides Underwriters with written authorization to:

    a. Obtain records and other information related to the **Claim**; and

    b. Conduct and control the defense of the Additional Insured in such **Claim**. All other terms and conditions of this Policy remain unchanged.

Docusign Envelope ID: EDD4E5D7-401D-4A02-A0EA-76603633899E

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

Docusign Envelope ID: EDD4E5D7-401D-4A02-A0EA-76603633899E

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/21/2024

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 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	CONTACT NAME: Michelle Cole	
Arthur J. Gallagher Risk Management Services, LLC 1050 Crown Point Parkway Suite 600 Atlanta GA 30338	PHONE (A/C, No, Ext): 770-818-1513	FAX (A/C, No): 770-850-0988
	E-MAIL ADDRESS: michelle_cole@ajg.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Georgia Hospital Association Workers Compensation	
INSURED Hillside Inc. 4 Exec Pk East NE Ste. 200 Atlanta, GA 30329	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 477955800 **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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		WC09424	1/1/2025	1/1/2026	X PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 1,450,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,450,000
							E.L. DISEASE - POLICY LIMIT	$ 1,450,000

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

CERTIFICATE HOLDER

Proof of Insurance Hillside, Inc.
.
. . .

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

Christopher R. Ward

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

OWNER:

FULTON COUNTY, GEORGIA

DocuSigned by:
Robert L. Pitts
BA715B1A26544E7...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:
EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

Signed by:

APPROVED AS TO FORM:

Signed by:
David Lowman
0EC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Stanley Wilson
5E4D76DFB4A0450...

Stanley Wilson, Director
Fulton County Department of
Community Development

CONTRACTOR:

VENDOR NAME **Hillside, Inc.**

DocuSigned by: Name of Signatory: Emily Acker
Emily Acker Title of Signatory: President & CEO
758A11D0ACAF48C...

Authorized Signature

ATTEST:

Signed by: Name of 2nd Signatory: **Rodney C. Southworth**
Rodney Southworth Title of 2nd Signatory: **CFO**
1495D35989E2421...

Second Authorized Signature

(Affix Corporate Seal, if applicable)

Signed by:

Please select RM or 2ND RM from the checkbox

RM **X** **2ND RM**

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

Certificate Of Completion

Envelope Id: EDD4E5D7-401D-4A02-A0EA-76603633899E
Status: Completed
Subject: Please DocuSign: 2025 CSP Contract-Hillside Inc-BOC Agenda#25-0398
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 32
Signatures: 6
Certificate Pages: 7
Initials: 0
AutoNav: Enabled
Stamps: 2
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
Carlos S. Thomas
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlana, GA 30303
carlos.thomas@fultoncountyga.gov
IP Address: 73.106.219.199

Record Tracking

Status: Original
6/26/2025 4:46:47 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Carlos S. Thomas
carlos.thomas@fultoncountyga.gov
Pool: StateLocal
Pool: Fulton County Government

Location: DocuSign

Location: Docusign

Signer Events	Signature	Timestamp
Emily Acker eacker@hside.org President & CEO Hillside, Inc. Security Level: Email, Account Authentication (None)	DocuSigned by: Emily Acker 758A11D0ACAF48C... Signature Adoption: Pre-selected Style Using IP Address: 2601:cb:1:aef0:508a:53ad:574e:75ad	Sent: 6/26/2025 5:08:52 PM Viewed: 6/27/2025 7:53:37 AM Signed: 6/27/2025 7:54:14 AM
Electronic Record and Signature Disclosure: Accepted: 4/11/2020 10:11:23 AM ID: c828420b-ff82-4d6b-bca1-c74f36ebaa96		
Rodney Southworth rsouthworth@hside.org VP & CFO Hillside, Inc. Security Level: Email, Account Authentication (None)	Signed by: Rodney Southworth 1495D35989E2421... Signature Adoption: Pre-selected Style Using IP Address: 50.226.107.161	Sent: 6/27/2025 7:54:18 AM Viewed: 6/27/2025 9:20:25 AM Signed: 6/27/2025 9:25:52 AM
Electronic Record and Signature Disclosure: Accepted: 6/27/2025 9:20:25 AM ID: bdee3f28-396e-4523-bab3-bb463195b98c		
Mark Hawks2 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Complliance Security Level: Email, Account Authentication (None)	**Completed** Using IP Address: 45.20.200.178	Sent: 6/27/2025 9:25:55 AM Viewed: 6/27/2025 12:22:24 PM Signed: 6/27/2025 12:22:36 PM
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) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	DocuSigned by: Stanley Wilson 5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 6/27/2025 12:22:38 PM Viewed: 6/27/2025 12:35:37 PM Signed: 6/27/2025 12:35:45 PM
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/30/2025 9:18:35 AM ID: e4afe383-25d2-4ab2-8dc6-2a75d6519d5e	**Completed** Using IP Address: 74.174.59.4	Sent: 6/27/2025 12:35:47 PM Viewed: 6/30/2025 9:18:35 AM Signed: 6/30/2025 9:20:24 AM
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/30/2025 9:21:04 AM ID: 00a282fe-38d3-453c-a4b5-7d172050680b	Signed by: David Lowman 0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/30/2025 9:20:28 AM Viewed: 6/30/2025 9:21:04 AM Signed: 6/30/2025 9:22:25 AM
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	**Completed** Using IP Address: 166.137.19.31	Sent: 6/30/2025 9:22:27 AM Resent: 7/2/2025 2:54:37 PM Viewed: 7/2/2025 4:26:18 PM Signed: 7/2/2025 4:26:58 PM
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	DocuSigned by: Robert L. Pitts BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/2/2025 4:27:00 PM Viewed: 7/2/2025 4:33:41 PM Signed: 7/2/2025 4:33:50 PM
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:**	Signed by: EEC476C4837648D... Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 7/2/2025 4:33:53 PM Viewed: 7/2/2025 7:07:00 PM Signed: 7/2/2025 7:07:13 PM

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 Complliance Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	**Completed** Using IP Address: 45.20.200.178	Sent: 7/2/2025 7:07:17 PM Viewed: 7/3/2025 1:41:13 PM Signed: 7/3/2025 1:41:18 PM

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 6/26/2025 5:08:51 PM Viewed: 7/3/2025 1:46:26 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: 6/26/2025 5:08:51 PM Viewed: 7/3/2025 1:46:24 PM
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: 6/26/2025 5:08:52 PM Resent: 7/3/2025 1:41:26 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/3/2025 1:41:22 PM Viewed: 7/3/2025 1:46:34 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/26/2025 5:08:51 PM
Certified Delivered	Security Checked	7/3/2025 1:41:13 PM
Signing Complete	Security Checked	7/3/2025 1:41:18 PM
Completed	Security Checked	7/3/2025 1:41:22 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.

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Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

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

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

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

Required hardware and software

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

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

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

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

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.