



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Senior Services

**BID/RFP# NUMBER:** 22RFP035A-CJC

**BID/RFP# TITLE:** 22RFP035A-CJC, Aging Services

**ORIGINAL APPROVAL DATE:** December 21, 2022

**RENEWAL EFFECTIVE DATES:** January 1, 2025 through December 31, 2025

**RENEWAL OPTION #:** 2 OF 4

**NUMBER OF RENEWAL OPTIONS:** 2 renewal options remain

**RENEWAL AMOUNT:** \$1,779,844.50

**COMPANY'S NAME:** Senior Services North Fulton

**ADDRESS:** 11381 Southbridge Parkway

**CITY:** Alpharetta

**STATE:** GA

**ZIP:** 30022

**This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/6/2024 BOC NUMBER: 24-0742**

**CERTIFICATE OF INSURANCE:** The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation 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

**SIGNATURES: SEE NEXT PAGE**

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

SENIOR SERVICES NORTH FULTON, INC.

Signed by:  
  
14F1B4AA5F6A44A...  
**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

Signed by:  
  
8AF54A6EBD89461...  
**Ron Harlow**  
**Executive Director**

ATTEST:

ATTEST:

DocuSigned by:  
  
EEC476C4637648D...  
**Tonya R. Grier**  
**Interim Clerk to the Commission**

**Secretary/  
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

DocuSigned by:  
  
F58283B77B1A4C2...  
**Ladisa Onyiliogwu, Director**  
**Department of Senior Services**

Signed by:  
  
8AF54A6EBD89461...  
**Notary Public**

County: Cherokee

Commission Expires: 6/12/2027

(Affix Notary Seal)

Signed by:  


ITEM#: 24-0742	RM: 11/6/2024	ITEM#:	2nd RM:
REGULAR MEETING		SECOND MEETING	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2024

**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).**

<b>PRODUCER</b> Hilb Group Operating Company 11175 Cicero Drive Suite 575 Alpharetta GA 30022	<b>CONTACT NAME:</b> Eric Whitt <b>PHONE (A/C, No, Ext):</b> (678) 297-7977 <b>FAX (A/C, No):</b> (678) 297-9575 <b>E-MAIL ADDRESS:</b> ewhitt@hilbgroup.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b> Senior Services North Fulton, Inc. 11381 Southbridge Pkwy. Alpharetta GA 30022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> Alliance of Nonprofits for Insurance, Risk Retention</td> <td style="width: 20%; text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B:</b> National Liab &amp; Fire Insurance Co</td> <td style="text-align: center;">10023</td> </tr> <tr> <td><b>INSURER C:</b> United States Liability Insurance Co</td> <td style="text-align: center;">20052</td> </tr> <tr> <td><b>INSURER D:</b></td> <td style="text-align: center;">25895</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> Alliance of Nonprofits for Insurance, Risk Retention	<b>NAIC #</b>	<b>INSURER B:</b> National Liab & Fire Insurance Co	10023	<b>INSURER C:</b> United States Liability Insurance Co	20052	<b>INSURER D:</b>	25895	<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER A:</b> Alliance of Nonprofits for Insurance, Risk Retention	<b>NAIC #</b>												
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<b>INSURER C:</b> United States Liability Insurance Co	20052												
<b>INSURER D:</b>	25895												
<b>INSURER E:</b>													
<b>INSURER F:</b>													

**COVERAGES****CERTIFICATE NUMBER:** 1/1/24-25 Master**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		2024-21461	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Liquor Liability \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b>	Y		2024-21461	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	Y		2024-21461-UMB	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 0						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		WC-2024-81534-00	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Social Service Professional			NDO1065476P	01/01/2024	01/01/2025	Each Occur 1,000,000 Aggregate 2,000,000

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

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

**CERTIFICATE HOLDER****CANCELLATION**
 Fulton County Government, its Agents Directors and Officers  
 141 Pryor Street, SW

Atlanta

GA 30303

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

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: 01507876

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

The aforementioned entities are included as additional insureds for GENERAL LIABILITY AND AUTO LIABILITY when required in a written contract or agreement per CG 20 10 07 04 and CG 20 10 07 98

Coverage is provided on a primary, non-contributory basis per form and includes products, completed operations per form ANI-RRG-E61 02 13.

Umbrella is following form.

**\*\*INFORMATION PROVIDED ON A CERTIFICATE OF INSURANCE IS REGULATED BY THE GEORGIA DEPARTMENT OF INSURANCE. FOR INFORMATION REGARDING FURTHER REQUESTS FOR CHANGES TO THIS CERTIFICATE OF INSURANCE, PLEASE REFER TO THE FOLLOWING GEORGIA DEPARTMENT OF INSURANCE WEBSITE FOR GOVERNING RULES:**

<https://www.oci.ga.gov/agents/certificatesofinsurance.aspx>

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

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE****Name Of Additional Insured Person(s) Or Organization(s)**

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

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

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 11 01 96

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (Additional Insured):  
**Any person or organization acting as a manager or lessor of a covered premises that you are required to name as an additional insured on this policy, under a written contract, lease or agreement currently in effect, or becoming effective during the term of this policy.**
3. Additional Premium: **Included**

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

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

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

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

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 12 07 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**State Or Political Subdivision:**

Any State or Political Subdivision that issues a permit to the named insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
  - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".



Certificate Of Completion

Envelope Id: ED5E500961F04EC3830D6A2776809A99  
Subject: 22RFP035A-CJC, Senior Services North Fulton  
Parcel ID:  
Employee Name:  
Source Envelope:  
Document Pages: 8  
Certificate Pages: 6  
AutoNav: Enabled  
Envelopeld Stamping: Enabled  
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed  
  
Envelope Originator:  
Keisha Massey  
141 Pryor Street  
Purchasing & Contract Compliance, Suite 1168  
Atlanta, GA 30303  
keisha.massey@fultoncountyga.gov  
IP Address: 24.125.27.145


Record Tracking

Status: Original 11/20/2024 1:02:23 PM	Holder: Keisha Massey keisha.massey@fultoncountyga.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: DocuSign

Signer Events

Ron Harlow  
rharlow@ssnorthfulton.org  
Executive Director  
Senior Services North Fulton  
Security Level: Email, Account Authentication (None)

Signature



Signed by:  
  
8AF54A6EBD89461...  
  
Signature Adoption: Pre-selected Style  
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Timestamp

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Viewed: 11/20/2024 1:12:53 PM  
Signed: 11/20/2024 1:15:05 PM

Electronic Record and Signature Disclosure:  
Accepted: 11/20/2024 1:12:53 PM  
ID: 93f2908c-dcba-49fd-bb45-1b74dd58d0e5

Jill Baker  
rharlow@ssnorthfulton.org  
Executive Director  
Senior Services North Fulton  
Security Level: Email, Account Authentication (None)

Signed by:  
  
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Signature Adoption: Pre-selected Style  
Using IP Address: 71.25.173.81

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Viewed: 11/20/2024 1:19:04 PM  
Signed: 11/20/2024 1:23:07 PM

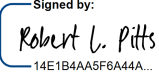
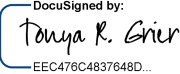
Electronic Record and Signature Disclosure:  
Accepted: 11/20/2024 1:19:04 PM  
ID: c2779c61-24d2-4520-80d7-17e310be7347

Ladisa Onyiliogwu  
ladisa.onyiliogwu@fultoncountyga.gov  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
F58283B77B1A4C2...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 74.174.59.10

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Viewed: 11/20/2024 1:33:01 PM  
Signed: 11/20/2024 1:33:11 PM

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Nikki Peterson nikki.peterson@fultoncountytga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p><b>Completed</b></p> <p>Using IP Address: 68.208.197.4</p>	<p>Sent: 11/20/2024 1:33:14 PM Viewed: 11/21/2024 12:24:18 PM Signed: 11/21/2024 12:26:02 PM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountytga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/23/2024 1:07:22 AM ID: b0774b24-03b8-46e8-9f8f-3b1432d875e9</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 166.137.19.52 Signed using mobile</p>	<p>Sent: 11/21/2024 12:26:05 PM Viewed: 11/21/2024 1:41:59 PM Signed: 11/23/2024 7:22:47 AM</p>
<p>Tonya R. Grier tonya.grier@fultoncountytga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>DocuSigned by:  EEC476C4837648D...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191</p>	<p>Sent: 11/23/2024 7:22:51 AM Viewed: 11/23/2024 7:24:04 AM Signed: 11/25/2024 9:08:14 AM</p>

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
<p>Keisha Massey keisha.massey@fultoncountytga.gov Procurement Offier Cintas Corporation Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><b>COPIED</b></p>	<p>Sent: 11/25/2024 9:08:17 AM Resent: 11/25/2024 9:08:31 AM</p>
<p>Brian Jones brian.jones@fultoncountytga.gov President-Elect Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><b>COPIED</b></p>	<p>Sent: 11/25/2024 9:08:19 AM Viewed: 11/25/2024 9:33:52 AM</p>

Carbon Copy Events	Status	Timestamp
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 11/25/2024 9:08:21 AM Viewed: 11/25/2024 9:52:26 AM
Kweli Henry kweli.henry@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 11/25/2024 9:08:22 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/20/2024 1:11:42 PM
Envelope Updated	Security Checked	11/20/2024 1:49:57 PM
Certified Delivered	Security Checked	11/23/2024 7:24:04 AM
Signing Complete	Security Checked	11/25/2024 9:08:14 AM
Completed	Security Checked	11/25/2024 9:08:22 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **CONSUMER DISCLOSURE**

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

### **Getting paper copies**

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

### **Withdrawing your consent**

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

### **Consequences of changing your mind**

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

### **All notices and disclosures will be sent to you electronically**

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

### **How to contact Carahsoft OBO Fulton County, Georgia:**

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

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto: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](mailto: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..

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