



**FULTON  
COUNTY**

**CONTRACT DOCUMENTS FOR**

**SWC 99999-SPD-0000136-0008**

**TEMPORARY STAFFING SERVICES**

**For**

**DEPARTMENT OF SENIOR SERVICES**

## **Contract Agreement**

This Agreement for professional temporary staffing to provide the department with approximately 35 part-time staff members to provide services to the County's one Art Center, Community Partnerships and Downtown Main Office for the Arts & Culture department is made and entered into by and between Fulton County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" or "Owner" and **Corporate Temps** of Norcross, GA, hereinafter referred to as "Consultant" or "Contractor".

## **Contract Documents**

County and Consultant/Contractor agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Temporary Staffing Services, 99999-SPD-0000136-0008
- III. Scope of Services
- IV. Compensation
- V. Exhibits (if applicable)

This Agreement was approved by the Fulton County Board of Commissioners on July 9, 2025, BOC Item # 25-0503.

## **Contract Term**

The term of the agreement will be effective July 1, 2025 through December 31, 2025.

## **Modifications**

If during the course of performing the Project, County and Consultant/Contractor agree that it is necessary to make changes in the Project as described herein and referenced exhibits, such changes will be incorporated by written amendments in the form of Change Orders to this Agreement. Any such Change Order and/or supplemental agreement shall not become effective or binding unless approved by the Board of Commissioners and entered on the minutes. Such modifications shall conform to the requirements of Fulton County Purchasing Code §102-420 which is incorporated by reference herein.

## **Indemnification**

Consultant/Contractor shall, to the fullest extent permit by law, indemnify the County and protect, defend, indemnify and hold harmless the County, its officers, officials, employees and volunteers from and against all claims, actions, liabilities, losses (including economic losses), or costs arising out of any actual or alleged:

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or

alleged act or omission of the Consultant/Contractor, sub-consultants/subcontractors, anyone directly or indirectly employed by any firm or sub-consultant/subcontractors; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

- b) Violation of any law, statute, ordinance, governmental administrative order, rule, regulation, or infringements of patent rights or other intellectual property rights by the Consultant/Contractor in the performance of Contract services; or
- c) Liens, claims or actions made by the Consultant/Contractor or other party performing the Contract Services, as approved by the County. The indemnification obligations herein shall not be limited by any limitation on the amount, type of damages, compensation, or benefits payable by or for the Consultant/Contractor, or its sub-consultant(s), as approved by the County, under workers' compensation acts, disability benefits acts, other employee benefit actor, or any statutory bar or insurance. The agreement to hold the County, its officer's, agents, and employees harmless shall not be limited to the limits of liability insurance requirements specified in this agreement.

### **Insurance**

Consultant/Contractor agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the 99999-SPD-0000136-0008, Temporary Staffing Services. Consultant/Contractor agrees to maintain insurance coverage during the entire term of this Agreement. 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. . Proof of insurance, Certificate of Insurance ("COI") with policy limits, must be provided prior to the start of any activities/services and attached herein as Exhibit B.

### **Personnel**

Agency agrees that the temporary staff provided to County pursuant to this Agreement shall not be County employees under local, state and federal law. Agency agrees that it is an equal opportunity employer and shall comply with all local, state and federal employment laws including the Americans with Disabilities Act and the Pregnant Worker Fairness Act. Agency shall receive requests for accommodation and complaints of violations of employment laws made by Agency's temporary staff pursuant to local, state and federal law. Agency shall be responsible for providing accommodations and shall bear the costs, if any, of providing such accommodations as necessary under applicable local, state and federal law. Agency shall be responsible for and bear the costs of investigating complaints of violations of employment laws made by Agency temporary staff against Agency under applicable law. Agency shall also take necessary steps to remedy violations of employment laws against Agency temporary staff by Agency. County agrees to forward all requests for accommodation and complaints by Agency temporary staff received by County to Agency.

### **Reporting Responsibilities**

Agency will report directly to the Director of the Department of Arts and Culture, or designated representative.

## **Notices**

Notices concerning the termination of this Agreement, notices of alleged or actual violations of the terms or conditions of this Agreement, and other notices of similar importance shall be made:

By Consultant to: Director  
Arts & Culture  
141 Pryor Street, Suite 2030  
Atlanta, Georgia 30303  
Attn: David Manual  
Email: [David.Manual@fultoncountyga.gov](mailto:David.Manual@fultoncountyga.gov)

With a copy to: Chief Purchasing Agent  
Department of Purchasing & Contract Compliance  
130 Peachtree Street, S.W., Suite 1168  
Atlanta, Georgia 30303  
Attn: Felicia Strong-Whitaker  
Email: [felicia.strong-whitaker@fultoncountyga.gov](mailto:felicia.strong-whitaker@fultoncountyga.gov)

And by the County to: Shawn Menefee, Director  
Corporate Temps  
5950 Live Oak Parkway Suite 230  
Norcross, GA 30093  
Attn: Shawn Menefee  
Email: [shawn@corporatetemps.com](mailto:shawn@corporatetemps.com)

The parties to this service agreement agree to the above referenced conditions:

OWNER:

**FULTON COUNTY, GEORGIA**

Signed by:

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

ATTEST:

Signed by:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)



APPROVED AS TO FORM:

Signed by:

*Chad Alexis*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*David Manuel*

David Manuel, Director  
Department of Arts and Culture

Please select RCS or RM from the checkbox

RCS

X

RM

ITEM#: \_\_\_\_\_ RM: \_\_\_\_\_

**REGULAR MEETING**

ITEM#: 25-0503 2<sup>nd</sup> RM: 07/09/2025

**SECOND REGULAR MEETING**

CONSULTANT/CONTRACTOR:

**CORPORATE TEMPS, INC.**

DocuSigned by:

*Shawn Menefee*

AA4EB8F59A6F4C9...

Shawn Menefee

Director/CEO

Attest

X

Notary

ATTEST:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Dominic Austin

Notary Public

County: Gwinnett

Commission Expires: 09/06/2026

(Affix Notary Seal)

**DOMINIC AUSTIN  
NOTARY PUBLIC  
GWINNETT County  
State of Georgia  
My Comm. Expires 09/06/2026**





**CONTRACT AMENDMENT # 10  
EXTENSION # 4**

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

STATE OF GEORGIA CONTRACT	
<b>State Entity's Name:</b>	Department of Administrative Services
<b>Contractor's Full Legal Name:</b>	CORPORATE TEMPS 2000
<b>Contract No.:</b>	99999-001-SPD0000136-0008
<b>Solicitation Title/Event Name:</b>	Temporary Staffing Services
<b>Contract Award Date:</b>	July 1, 2017
<b>Current Contract Term:</b>	July 1, 2024 – June 30, 2025

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

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

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

NEW CONTRACT TERM	
<b>Beginning Date of New Contract Term:</b>	July 1, 2025
<b>End Date of New Contract Term:</b>	June 30, 2026

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

CONTRACT NUMBER: 99999-001-SPD0000136-0008

2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.
3. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto. Should the State of Georgia (DOAS) enter into a new contract for these products and/or services, during the term of this Extension, the new contract shall supersede this Extension.

**IN WITNESS WHEREOF**, the parties have caused this Amendment to be duly executed by their authorized representatives.

**CONTRACTOR**

<b>Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)</b>	CORPORATE TEMPS, INC.
<b>Authorized Signature:</b>	<small>eSigned by:</small> <b>RENEE WHITE</b> <small>03/05/2025 @ 15:50 UTC</small>
<b>Printed Name and Title of Person Signing:</b>	Renee White
<b>Date:</b>	March 5, 2025
<b>Company Address:</b>	5950 Live Oak Parkway, Ste 230, Norcross, GA 30093

**STATE ENTITY**

<b>Authorized Signature:</b>	<i>Jim Barnaby</i>
<b>Printed Name and Title of Person Signing:</b>	Jim Barnaby Deputy Commissioner State Purchasing Division
<b>Date:</b>	4/28/2025
<b>Company Address:</b>	200 Piedmont Avenue, S.E., Suite 1804, West Tower Atlanta, Georgia 30334-9010

## **SCOPE OF SERVICES**

Administrative Assistants are needed to help with the day-to-day administrative tasks of the department. Applicants should have good organizational skills, be detail oriented, and familiar with office-related duties. At least one year of Administrative experience required.

After Camp Coordinators are needed from 2:30 pm to 6:00 pm to supervise campers and to schedule activities after regular programming concludes each day. Applicants should have experience working with and creating engaging activities for children, be well organized, detail oriented, problem solvers, and adaptable.

Camp Assistants are needed to support instructors during class as well as provide supervision of campers before, during, and after camp. Applicants should have experience working with art and children.

Camp Coordinators are responsible for day-to-day camp operations, supervising camp staff, resolving minor issues, and helping to maintain an environment that is conducive for learning. Applicants should have experience working with children, be well organized, detail oriented, problem solvers, and adaptable. Management experience preferred.

Instructors are needed in Dance, Music, Theatre, and Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, Ceramics, Film, Video, and Yoga. STEAM instructors are needed in programming, science, and technology. Applicants should have formal training in one or more artistic discipline; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Instructors (Computer technology) are needed to teach various computer software, programs, and applications to adults and teens

Instructors (Fiber Arts) are needed to instruct the various processes and technics used to create art using textile such as quilting, sewing, crochet/knitting, bead embroidery.

Instructors (STEAM) are needed to instruct science, technology, computer coding, aerospace/engineering to youth and teens.

Instructors (Yoga) is needed to instruct fitness and wellness through various stretching poses that promote strength and agility in seniors and adults. Must be certified.

Musicians are needed to support instructors during classes that require the use of live music as well as provide musician support during live Summer Camp performances. Must be able to read sheet music is required for specific programs, and perform improvisational pieces as needed. Helps students and Music instructor create original songs as needed. Ability to read sheet music and improvisational skills, two years music performance

experience, and experience working with children.

Program Assistants are needed to support administration and instructors during weekly classes as well as preparing class rooms for instruction, providing supplies for instruction and provide supervision of students before, during, and after classes.

Teen Academy Assistants are needed to support instructors during class as well as to provide supervision of participants. Applicants should be at least 21 years old, majoring in an area of the arts, and have experience working with youth.

Teen Artist Academy Instructors are needed in Creative Writing, Dance, Instrumental Music, Theatre, Voice, Visual Arts, including Painting, Drawing, Printmaking, Mixed Media, and Ceramics, digital media and STEAM. Applicants should have formal training and professional experience in the various discipline they want to teach; a Bachelor's Degree in Arts or Humanities or equivalent experience; and at least two years professional teaching experience.

Theatre Technicians (Lighting & Sound) are needed to support programs and events in the Black Box Theatre. Duties include operating the light and sound board during programs and events. Setting up microphones and other equipment. Troubleshooting and resolving sound and lighting issues. Maintaining the Lighting & Sound Room and equipment. Installing Lights and replacing blown bulbs. Operating Video Projection System. At least 2 years of experience as lead technician for Theatrical Productions and events required.

# **ATTACHMENT B**

# **COMPENSATION**

## **COMPENSATION**

Services provided shall be compensated on an hourly rate basis established by the Statewide Contract. There is no additional cost for this contract.

# Fulton County Department of Arts and Culture

## 2025 Corporate Temps Part-Time Staffing Needs

**Total Positions: 35**

POSITIONS NEEDED FOR ADMINISTRATIVE DUTIES	# of Positions	Hourly Salary	# Hours Monthly	# of Months	Total Cost
Administrative Assistant – Main Office	1	\$20	160	4	\$11,032
<b>Sub-Total</b>	<b>1</b>				<b>\$11,032</b>
<b>EMMA DARNELL AVIATION MUSEUM &amp; CONFERENCE CENTER POSITIONS</b>					
Administrative/Program Assistant	1	\$15	20	10	\$3000
After Camp Coordinator	1	\$18	63	1	\$1134
Camp Assistant	4	\$10	140	1	\$5600
Camp Coordinator	1	\$18	140	1	\$2520
Computer Technology Instructor	1	\$15	140	1	\$2100
Dance Instructor	1	\$15	140	1	\$2100
Dance Instructor, Adult	1	\$25	6	7	\$1050
Dance Instructor, Youth	1	\$25	12	7	\$2100
Fiber Arts Instructor	2	\$25	12	7	\$4200
Musical Theatre Instructor	1	\$15	140	1	\$2100
Steam/Technology Instructor	1	\$25	6	7	\$1050
Teen Academy Assistant	1	\$10	105	1	\$1050
Teen Artist Academy Instructor	2	\$15	205	1	\$6150
Visual Arts Instructor	2	\$25	12	7	\$4200
Yoga Instructor	1	\$35	12	7	\$2940
<b>Sub-Total</b>	<b>21</b>				<b>\$41,294</b>

# Fulton County Department of Arts and Culture

## Corporate Temps Proposed Contract Information

<b>WEST END POSITIONS</b>	<b># of Positions</b>	<b>Hourly Salary</b>	<b># Hours Monthly</b>	<b># of Months</b>	<b>Total Cost</b>
Administrative/Program Assistant	1	\$15	86	12	\$15480
Camp Assistant	3	\$10	115	2	\$6900
Camp Coordinator	1	\$18	129	2	\$4644
Camp Theatre Technician (Lighting & Sound)	1	\$15	50	2	\$1500
Dance Instructor	1	\$25	15	9	\$3375
Dance Instructor Artist (Music)	1	\$15	115	3	\$5175
Music Instructor	1	\$15	115	2	\$3450
Musician/African Drummer	1	\$20	15	9	\$2700
Teen Academy Assistant	1	\$10	90	1	\$900
Theatre Instructor	1	\$25	15	9	\$3375
Theater Instructor	1	\$15	115	3	\$5175
<b>Sub-Total</b>	<b>13</b>				<b>\$52,674</b>
<b>GRAND TOTAL</b>	<b>35</b>				<b>\$105,000</b>

## **INVOICING AND PAYMENT**

Contractor shall submit weekly invoices for work performed during the previous week, in a form acceptable to the County and accompanied by all support documentation requested by the County, for payment and for services that were completed during the preceding phase. The County shall review for approval of said invoices. The County shall have the right not to pay any invoice or part thereof if not properly supported, or if the costs requested or a part thereof, as determined by the County, are reasonably in excess of the actual stage of completion.

**Time of Payment:** The County shall make payments to Contractor within ten (10) days after receipt of a proper invoice. Parties hereto expressly agree that the above contract term shall supersede the rates of interest, payment periods, and contract and subcontract terms provided for under the Georgia Prompt Pay Act, O.C.G.A. 13-11-1 et seq., pursuant to 13-11-7(b), and the rates of interest, payment periods, and contract and subcontract terms provided for under the Prompt Pay Act shall have no application to this Agreement; parties further agree that the County shall not be liable for any interest or penalty arising from late payments.

**Submittal of Invoices:** Invoices shall be submitted as follows:

**Via Mail:**

Fulton County Department of Finance  
141 Pryor Street, SW  
Suite 7001  
Atlanta, Georgia 30303  
Attn: Finance Department—Accounts Payable

OR

**Via Email:**

Email: [Accounts.Payable@fultoncountyga.gov](mailto:Accounts.Payable@fultoncountyga.gov)

At minimum, original invoices must reference all of the following information:

- 1) Vendor Information
  - a. Vendor Name
  - b. Vendor Address
  - c. Vendor Code
  - d. Vendor Contact Information
  - e. Remittance Address
- 2) Invoice Details
  - a. Invoice Date
  - b. Invoice Number (uniquely numbered, no duplicates)
  - c. Purchase Order Reference Number
  - d. Date(s) of Services Performed

e. Itemization of Services Provided/Commodity Units

3) Fulton County Department Information (needed for invoice approval)

a. Department Name

b. Department Representative Name

Contractor's cumulative invoices shall not exceed the total not-to-exceed fee established for this Agreement.

**EXHIBIT A**  
**FULTON COUNTY PAY AND HOLIDAY**  
**SCHEDULE**



PAY DAY

PAY PERIOD  
ENDING

HOLIDAY

# FULTON COUNTY 2025 PAY AND HOLIDAY OBSERVANCES CALENDAR

JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

MARCH						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

JULY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



New Year's Day  
Wednesday  
January 1



MLK Jr. Day  
Monday  
January 20



President's Day  
Monday  
February 17



Memorial Day  
Monday  
May 26



Juneteenth  
Thursday  
June 19



Independence Day  
Friday  
July 4



Labor Day  
Monday  
September 1



Veterans Day  
Tuesday  
November 11



Thanksgiving  
Thursday & Friday  
November 27 & 28



Christmas Eve & Day  
Wednesday & Thursday  
December 24 & 25



New Year's Eve  
Wednesday  
December 31

# **EXHIBIT B**

## **CERTIFICATE OF INSURANCE**

**EXHIBIT C**  
**GEORGIA SECURITY AND**  
**IMMIGRATION CONTRACTOR**  
**AFFIDAVIT AND AGREEMENT**

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

121762  
Federal Work Authorization User Identification Number

Corporate Temps, Inc.  
Name of Contractor

Corporate Temps, Inc.  
Name of Public Employer

5/2008  
Date of Authorization

Temporary Staffing Services  
Name of Project

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

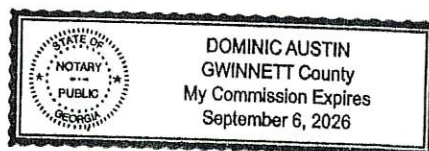
Executed on March, 8, 2024 in Dorcross (city), GA (state).

Renee White  
Signature of Authorized Officer or Agent

Renee White, VP, National Accounts  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 8th DAY OF March, 2024.

Dominic Austin  
NOTARY PUBLIC  
My Commission Expires: 9-6-26





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 07/15/2025

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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> Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, Ga. 30052	<b>CONTACT NAME:</b> Alfonza Hatcher <b>PHONE (A/C, No, Ext):</b> 678-404-8502 <b>E-MAIL ADDRESS:</b> hatcherins@aol.com <b>FAX (A/C, No):</b> 678-404-8505 <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Philadelphia Indemnity Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross, GA. 30093-1743	<b>NAIC #</b> 18058

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC		<input checked="" type="checkbox"/>	PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 2,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ 5,000. PERSONAL & ADV INJURY \$ 2,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COM/OP AGG \$ 2,000,000.
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000.
							WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		<input checked="" type="checkbox"/>	PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000.
A	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		<input checked="" type="checkbox"/>	PHUB873626-011	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000.
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: \$ 1,000,000. Aggregate Limit: \$ 1,000,000.
A	<b>EMPLOYMENT PRACTICES LIABILITY</b>			PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: \$ 1,000,000. Aggregate Limit: \$ 1,000,000.

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

Temporary Personnel Services.

Project Name: Temporary Staffing Services For Information Technology 2025 For the Department of Information Technology.

Fulton County Government, Its Officials, Officers and Employees as an Additional Insured.

**CERTIFICATE HOLDER**

Fulton County Government - Purchasing and Contract Compliance Department  
 130 Peachtree Street, S.W.  
 Suite 1168  
 Atlanta, GA. 30303-3459

**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

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# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 07/15/2025

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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> Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, Ga. 30052	<b>CONTACT NAME:</b> Alfonza Hatcher <b>PHONE (A/C, No, Ext):</b> 678-404-8502 <b>FAX (A/C, No):</b> 678-404-8505 <b>E-MAIL ADDRESS:</b> hatcherins@aol.com  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross, GA. 30093-1743	<b>NAIC #</b> 18058

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	CYBER LIABILITY		PHSD1811838-006	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ \$
A	PROFESSIONAL LIABILITY (E & O)	Y	PHPK2579315-011	07/27/2025	07/27/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY (Fidelity Bond)		PHPK2579315-011	07/27/2025	07/27/2026	Each Incident Limit: \$ 3,000,000 Aggregate Limit: \$ 3,000,000

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

Temporary Personnel Services.

Project Name: Temporary Staffing Services For Information Technology 2025 For The Department of Information Technology.

Fulton County Government, Its Officials, Officers and Employees as an Additional Insured

**CERTIFICATE HOLDER**
**CANCELLATION**

Fulton County Government - Purchasing and Contract Compliance Department  
 130 Peachtree Street, S.W.  
 Suite 1168  
 Atlanta, GA. 30303-3459

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

AUTHORIZED REPRESENTATIVE

*Alfonza Hatcher*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/06/2025

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

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

<b>PRODUCER</b> Fallaize Insurance Agency, Inc. P. O. Box 920128  Norcross GA 30010-0128		<b>CONTACT NAME:</b> Karra LaPointe <b>PHONE (A/C, No, Ext):</b> (770) 242-8842 <b>FAX (A/C, No):</b> (770) 242-3564 <b>E-MAIL ADDRESS:</b> karra@fallaize.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: AmFed Casualty Insurance Company</td> <td>11963</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AmFed Casualty Insurance Company	11963	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: AmFed Casualty Insurance Company	11963																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	
<b>INSURED</b> Corporate Temps Inc. 5950 Live Oak Parkway Suite 230  Norcross GA 30093																	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2412611761      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC124-6007224	12/01/2024	12/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Project Name: Temporary Staffing Services For Information Technology 2025 for the Department of Information Technology

## CERTIFICATE HOLDER

## CANCELLATION

Fulton County Government Purchasing and Contract Compliance Department 130 Peachtree St SW Suite 1168 Atlanta GA 30303-3459	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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## ADDITIONAL COVERAGES

Ref #	Description Waiver of Subrogation - Fulton County Government	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				

Envelope Originator:  
Brian Jones  
141 Pryor Street  
Purchasing & Contract Compliance, Suite 1168  
Atlanta, GA 30303  
brian.jones@fultoncountygga.gov  
IP Address: 2600:1702:5a2b:

Location: DocuSign

Sent: 8/2/2025 11:16:21 AM  
Viewed: 8/4/2025 3:33:26 PM  
Signed: 8/4/2025 3:39:56 PM

Sent: 8/4/2025 3:39:58 PM  
Resent: 8/8/2025 11:08:04 AM  
Viewed: 8/8/2025 12:57:45 PM

**Electronic Record and Signature Disclosure:**

Signer Events	Signature	Timestamp
Accepted: 8/7/2025 10:04:16 AM ID: b27c8d56-e1a3-4c40-b5c9-c2253abc5e67		
Nikki Peterson nikki.peterson@fultoncountyga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Accepted: 8/8/2025 9:52:59 AM ID: 210a2790-136b-45d1-9c83-7a2bf18484a2		
Tonya R. Grier tonya.grier@fultoncountyga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b> Not Offered via Docusign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/2/2025 11:16:22 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.

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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](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..

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.

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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](mailto: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](mailto: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.