

Contract Agreement

This Agreement for the Department of Registration and Elections to provide temporary staffing services 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 **DOVER STAFFING INC.**, of Smyrna, GA hereinafter referred to as "**Agency.**"

Contract Documents

County and Agency agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. SWC99999-001-SPD0000136-007, Temporary Staffing Services
- III. Exhibit 1: Scope of Services
- IV. Exhibit 2: Compensation
- V. Exhibit 3: Certificate of Insurance
- VI. Exhibit 4: Georgia Security and Immigration Affidavit
- VII. Exhibit 5: Fulton County Holiday and Payroll Calendar

This Agreement was approved by the Fulton County Board of Commissioners on August 2, 2023 and, BOC # 23-0504.

Contract Term

The term of the agreement will be effective upon issuance of the Notice to Proceed through December 30, 2023 or until funds have been expended, whichever occurs earlier.

Modifications

If during the course of performing the Project, County and Agency 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

Agency 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 Agency, sub-consultants/subcontractors, anyone

directly or indirectly employed by any firm or sub-Agency/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 Agency in the performance of Contract services; or
- c) Liens, claims or actions made by the Agency 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 Agency, or its sub-Agency(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

Agency agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of SWC99999-001-SPD0000136-007, Temporary Staffing Services .Agency 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.

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 Agency to: Director
Department of Registration and Elections
141 Pryor Street
Atlanta, Georgia 30303
Attn: Nadine Williams
Email: Nadine.williams@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

And by the County to: Chief Executive Officer
2451 Cumberland Pkwy SE

Suite 3418
Atlanta, GA 30339
Attn: Sanquinetta Dover
Email: sdover@doverstaffing.com

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

OWNER:

AGENCY:

FULTON COUNTY, GEORGIA

DOVER STAFFING, INC.

DocuSigned by:

Robert L. Pitts

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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Sanquienetta Dover

618F75F42E9B41C...

Sanquienetta Dover,
Chief Executive Officer

ATTEST:

ATTEST:

DocuSigned by:

Tonya Grier

EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)



DocuSigned by:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

David Lowman

0EC92EDADEFB4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Ruby Barnett

279167C0B49C4D3...

Notary Public

County: Fulton

Commission Expires: 1/31/2025 DocuSigned by:

DocuSigned by:

Nadine Williams

AEB08E4390C64D2...

Nadine Williams, Director
Department of Registration and Elections

(Affix Notary Seal)



ITEM#: _____ RCS: _____	ITEM#: <u>2023-0504</u> RM: <u>8/2/2023</u>
RECESS MEETING	REGULAR MEETING

EXHIBIT 1

SCOPE OF SERVICES

Scope of Services

The Agency shall provide temporary staffing services for the Department of Registration and Elections to include the Municipal elections on November 7th and the Municipal Runoff elections on December 5th, 2023. Agency shall provide the temporary staffing positions detailed in Exhibit 2.

A. Normal Hours of Work

Normal business hours are 8:30 AM to 5:00 PM, Monday through Friday. Exceptions to these hours (including holidays, Saturdays and Sundays) must have prior written approval of the County.

C. Observed Holidays

The County observes the following holidays (see Exhibit 5):

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
Memorial Day	Thanksgiving
Juneteenth Day	Christmas
Independence Day	New Year's Eve

D. Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit 5).

E. Automated Time and Attendance System

The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.

F. Dashboard

Agency shall provide the County with access to the Dashboard in order to track recruitment and on-boarding efforts.

G. Reporting Responsibility

The Agency will report directly to the Director of the Department of Registration and Elections or his designated representative.

H. Work Locations

Temporary Staff positions identified will report to the following work locations as directed by the County:

- I. Candidate names submitted by the Department of Registration and Elections to Agency for consideration for any open positions should be given priority for screening. A report regarding the disposition of the Candidates must be provided on a monthly basis to the Director of the Department of Registration and Elections.

EXHIBIT 2 COMPENSATION

COMPENSATION

Services provided under Attachment A shall be compensated on an hourly rate basis for a total not to exceed amount of \$1,381,815.78 (One Million, Three Hundred and Eighty One Thousand Eight Hundred Fifteen Dollars and Seventy Eight Cents). The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

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 Agency 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 Government
141 Pryor Street, SW
Suite 7001
Atlanta, Georgia 30303
Attn: Finance Department – Accounts Payable

OR

Via Email:

Email: 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

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

MUNICIPAL NOV 7, 2023

Dover Staffing

1160 SALARIES - TEMPORARY	#	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	Costs
ADVANCE VOTING LOCATIONS - TEMP						
Advance Voting Trainer/Assistant	4	\$33.50	\$50.25	800	100	\$ 127,300.00
Advance Voting Regional Coordinator 2-LEAD	1	\$32.16	\$48.24	800	100	\$ 30,552.00
Advance Voting Regional Coordinator 2	3	\$28.14	\$42.21	800	100	\$ 80,199.00
Advance Voting - Manager	14	\$30.82	\$46.23	184	79	\$ 130,522.70
Advance Voting - Manager	3	\$30.82	\$46.23	92	0	\$ 8,506.32
Advance Voting - Asst. Mgr	28	\$24.79	\$37.19	184	79	\$ 209,982.36
Advance Voting - Asst. Mgr	6	\$24.79	\$37.19	92	0	\$ 13,684.08
Advance Voting - Processors/Clerks	56	\$22.78	\$34.17	144	79	\$ 334,866.00
Advance Voting - Processors/Clerks	9	\$22.78	\$34.17	72	0	\$ 1,640.16
Reserves - AV Manager - Training	28	\$30.82	\$46.23	16	-	\$ 13,807.36
Reserves - AV Clerk - Training	28	\$22.78	\$34.17	16	-	\$ 10,205.44
TOTAL TEMP LABOR COSTS	<u>180</u>					Dover Staffing Total NOV 2023 election \$ <u>961,265.42</u>
						Dover Staffing Grand Total \$ <u>1,381,815.78</u>

MUNICIPAL RUNOFF DEC 5, 2023

Dover Staffing

1160 SALARIES - TEMPORARY	#	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	Costs
ADVANCE VOTING LOCATIONS - TEMP						
Advance Voting Trainer/Assistant	4	\$33.50	\$50.25	160	40	\$ 29,480.00
Advance Voting Regional Coordinator 2-LEAD	1	\$32.16	\$48.24	160	40	\$ 7,075.20
Advance Voting Regional Coordinator 2	3	\$28.14	\$42.21	160	40	\$ 18,572.40
Advance Voting - Manager	14	\$30.82	\$46.23	88	34	\$ 59,975.72
Advance Voting - Manager	3	\$30.82	\$46.23	44	0	\$ 4,068.24
Advance Voting - Asst. Mgr	28	\$24.79	\$37.19	88	34	\$ 96,487.44
Advance Voting - Asst. Mgr	6	\$24.79	\$37.19	44	0	\$ 6,544.56
Advance Voting - Processors/Clerk	56	\$22.78	\$34.17	88	34	\$ 177,319.52
Advance Voting - Processors/Clerk	9	\$22.78	\$34.17	44	0	\$ 9,020.88
Reserves - AV Manager - Training	28	\$30.82	\$46.23	8	-	\$ 6,903.68
Reserves - AV Clerk - Training	28	\$22.78	\$34.17	8	-	\$ 5,102.72
TOTAL TEMP LABOR COSTS	<u>180</u>					Dover Staffing Total DEC 2023 election \$ <u>420,550.36</u>

EXHIBIT 3

CERTIFICATE OF INSURANCE



EXHIBIT 4
GEORGIA SECURITY AND
IMMIGRATION CONTRACTOR
AFFIDAVIT

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.**

69364
Federal Work Authorization User Identification Number

07/18/2007
Date of Authorization

DoverStaffing Inc.
Name of Contractor

Temporary Staffing Services
Name of Project

Georgia Department of Administrative Services (DOAS)
Name of Public Employer

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

Executed on April, 6, 2023 in Atlanta (city), Georgia (state).


Signature of Authorized Officer or Agent

Sanguinetta Dover, President & CEO
Printed Name and Title of Authorized Officer or Agent



SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 6th DAY OF April, 2023.

Ruby M Barnett
NOTARY PUBLIC
My Commission Expires: 1/31/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2023

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).

Table with PRODUCER, CONTACT, INSURED, and INSURER(S) AFFORDING COVERAGE sections.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. C. Cyber Liability; 752284564; 07/07/2023-07/07/2024; \$1,000,000 each claim/\$1,000,000 aggregate.

Table with CERTIFICATE HOLDER and CANCELLATION sections.

Contract Agreement

This Agreement for the Department of Registration and Elections to provide temporary staffing services 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 **Abacus Corporation.**, of Baltimore, MD. hereinafter referred to as "**Agency.**"

Contract Documents

County and Agency agrees that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. SWC99999-001-SPD0000136-007, Temporary Staffing Services
- III. Exhibit 1: Scope of Services
- IV. Exhibit 2: Compensation
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- VII. Exhibit 5: Fulton County Holiday and Payroll Calendar

This Agreement was approved by the Fulton County Board of Commissioners on August 2, 2023 and, BOC # 23-0504.

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- 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 Agency, sub-consultants/subcontractors, anyone

610 Gusryan Street
Baltimore, MD 21224
Attn: Drew Davanzo
Email: dd@abacuscorporation.com

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

OWNER:

AGENCY:

FULTON COUNTY, GEORGIA

ABACUS CORPORATION

DocuSigned by:

Robert L. Pitts

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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Michael Brady

570A93ADB4240F...

Drew Davanzo,
CSP

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

FEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

DocuSigned by:

Secretary/
Assistant Secretary

(Affix Corporate Seal)



APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

David Lowman

8EC92EDADEFB4D8...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Angela Mech

576A93ADB4240F...

Notary Public

County: Carroll

Commission Expires: 07/19/2025

DocuSigned by:

Nadine Williams

AEB08E4898C64D2...

Nadine Williams, Director
Department of Registration and Elections

DocuSigned by:



(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: <u>2023-0504</u> RM: <u>8/2/2023</u>
RECESS MEETING	REGULAR MEETING

EXHIBIT 1

SCOPE OF SERVICES

Scope of Services

The Agency shall provide temporary staffing services for the Department of Registration and Elections to include the Municipal elections on November 7th and the Municipal Runoff elections on December 5th, 2023. Agency shall provide the temporary staffing positions detailed in Exhibit 2.

A. Normal Hours of Work

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C. Observed Holidays

The County observes the following holidays (see Exhibit 5):

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
Memorial Day	Thanksgiving
Juneteenth Day	Christmas
Independence Day	New Year's Eve

D. Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit 5).

E. Automated Time and Attendance System

The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.

F. Dashboard

Agency shall provide the County with access to the Dashboard in order to track recruitment and on-boarding efforts.

G. Reporting Responsibility

The Agency will report directly to the Director of the Department of Registration and Elections or his designated representative.

H. Work Locations

Temporary Staff positions identified will report to the following work locations as directed by the County:

- I. Candidate names submitted by the Department of Registration and Elections to Agency for consideration for any open positions should be given priority for screening. A report regarding the disposition of the Candidates must be provided on a monthly basis to the Director of the Department of Registration and Elections.

EXHIBIT 2 COMPENSATION

COMPENSATION

Services provided under Attachment A shall be compensated on an hourly rate basis for a total not to exceed amount of \$2,685,944.23 (Two Million, Six Hundred and Eighty Five Thousand Nine Hundred Forty Four Dollars and Twenty Three Cents). The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

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.

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Via Mail:

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

OR

Via Email:

Email: 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

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

MUNICIPAL NOV 7, 2023

ABACUS

1160 SALARIES - TEMPORARY	#	Reg Bill Rate (p/hr)	OT Bill Rate (p/hr)	Reg Hours	OT Hours	Costs
<u>Election Coordinators & Assistants - TEMP</u>						
Election Regional Coordinator 1	2	\$23.78	\$ 35.67	520	50	\$ 28,298.20
Election Regional Coordinator 2	7	\$26.99	\$ 40.49	640	100	\$ 149,254.70
Election Regional Coordinator 2-LEAD	1	\$30.84	\$ 46.26	800	100	\$ 29,298.00
Instructors	8	\$39.32	\$ 58.98	150	10	\$ 51,902.40
Class Assistants	7	\$17.99	\$ 26.99	150	10	\$ 20,778.45
<u>VOTER EDUCATION / ADMIN - TEMP</u>						
Administrative Clerk	2	\$21.85	\$ 32.78	760	40	\$ 35,834.00
Voter Education Officers	2	\$25.70	\$ 38.55	800	100	\$ 48,830.00
<u>SUPPLIES & LOGISTICS - TEMP</u>						
Courier - Fleet Coordinator	5	\$28.84	\$ 43.26	400	40	\$ 66,332.00
Couriers	10	\$25.20	\$ 37.80	16	0	\$ 4,032.00
Couriers	20	\$25.20	\$ 37.80	280	80	\$ 201,600.00
Couriers	20	\$25.20	\$ 37.80	200	80	\$ 161,280.00
AB Drop Box / Supply Couriers	4	\$22.40	\$ 33.60	280	32	\$ 29,388.80
<u>Systems Specialists - TEMPS</u>						
Executive Assistant	1	\$25.70	\$ 38.55	400	150	\$ 16,062.50
Systems Specialist -LEAD	1	\$24.09	\$ 36.14	800	150	\$ 24,692.25
Systems Specialist	16	\$23.78	\$ 35.67	800	150	\$ 389,992.00
Election System Associates	2	\$23.78	\$ 35.67	720	150	\$ 44,944.20
Poll Pad Technicians	6	\$23.75	\$ 35.63	720	150	\$ 134,662.50
<u>REGISTRATION - TEMP</u>						
Executive Assistant	1	\$25.70	\$ 38.55	800	80	\$ 23,644.00
Call Center	8	\$20.56	\$ 30.84	440	80	\$ 92,108.80
Data Entry Clerk	4	\$20.56	\$ 30.84	440	80	\$ 46,054.40
Data Entry Clerk	1	\$20.56	\$ 30.84	800	80	\$ 18,915.20
Courier- Mail Room	1	\$23.13	\$ 34.70	800	80	\$ 21,279.60
Courier- Mail Room	1	\$23.13	\$ 34.70	440	80	\$ 12,952.80
Retention	2	\$21.85	\$ 32.78	440	80	\$ 24,472.00
Front Office Specialists	3	\$21.85	\$ 32.78	440	80	\$ 36,708.00
Front Office Specialists	1	\$21.85	\$ 32.78	800	80	\$ 20,102.00
Quality Control	4	\$21.85	\$ 32.78	440	80	\$ 48,944.00
<u>ABSENTEE - TEMP</u>						
Absentee Specialists	8	\$20.56	\$ 30.84	640	80	\$ 125,004.80
Executive Assistant	1	\$25.70	\$ 38.55	640	80	\$ 19,532.00
Courier - Fleet Coordinator Mail Rm (VR/AB)	1	\$28.84	\$ 43.26	640	80	\$ 21,918.40
Courier- Mail Room	1	\$25.20	\$ 37.80	640	80	\$ 19,152.00
<u>Community Engagement Mobile Outreach Vehicle</u>						
Drivers (CDL)	2	\$35.00	\$ 52.50	128	80	\$ 17,360.00
TOTAL TEMP LABOR COSTS	153					Abacus Total NOV 2023 election \$ 1,985,330.00
				Abacus	Grand Total	\$ 2,685,944.23

EXHIBIT 3 CERTIFICATE OF INSURANCE



EXHIBIT 4
GEORGIA SECURITY AND
IMMIGRATION CONTRACTOR
AFFIDAVIT

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.

183389
Federal Work Authorization User Identification Number

12/14/2007
Date of Authorization

Abacus Corporation
Name of Contractor

GA SWC – Temporary Services
Name of Project

State of Georgia – DOAS
Name of Public Employer

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

Executed on April, 11, 2023 in Baltimore (city), MD (state).


Signature of Authorized Officer or Agent

Michael P. Brady, CAO
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2023

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 HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Erica Grelli</td> </tr> <tr> <td>PHONE (A/C No. Ext): 443-632-3346</td> <td>FAX (A/C, No): 443-632-3498</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: erica.grelli@marshmma.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Hartford Fire Insurance Co</td> <td style="text-align: right;">NAIC # 19682</td> </tr> <tr> <td>INSURER B : Everest National Insurance Company</td> <td style="text-align: right;">10120</td> </tr> <tr> <td>INSURER C : New Hampshire Insurance Company</td> <td style="text-align: right;">23841</td> </tr> <tr> <td>INSURER D : Arch Specialty Insurance Company</td> <td style="text-align: right;">21199</td> </tr> <tr> <td>INSURER E : Selective Insurance Company of South Carolina</td> <td style="text-align: right;">19259</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	CONTACT NAME: Erica Grelli		PHONE (A/C No. Ext): 443-632-3346	FAX (A/C, No): 443-632-3498	E-MAIL ADDRESS: erica.grelli@marshmma.com		INSURER(S) AFFORDING COVERAGE		INSURER A : Hartford Fire Insurance Co	NAIC # 19682	INSURER B : Everest National Insurance Company	10120	INSURER C : New Hampshire Insurance Company	23841	INSURER D : Arch Specialty Insurance Company	21199	INSURER E : Selective Insurance Company of South Carolina	19259	INSURER F :	
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COVERAGES **CERTIFICATE NUMBER: 31026480** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			91ML001717-221	9/28/2022	9/28/2023	<table border="0" style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 200,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC15893657	4/1/2023	4/1/2024	<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fulton County is Included as additional insured(s) as respects the General Liability portion of coverage for work performed by the named insured if required to be in a written executed contract with the named insured per the policy terms and conditions.

CERTIFICATE HOLDER Fulton County 141 Pryor St. SW Atlanta GA 30303	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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POLICY NUMBER: 91ML001717-211

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

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(s) or organization(s) who you are required by contract or agreement to name as additional insured (s) on this policy as per the terms of this endorsement.

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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.