

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Contractor: **APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions**

Contract No.: **22RFP0120B-PS, WIOA Youth Services**

Address: **9200 Shelbyville Road, Suite 210**  
City, State **Louisville, KY 40222**

Telephone: **414-552-8422**

Email: **Chytania.Brown@equusworks.com**

Contact: **Chytania Brown**  
**Vice President of Operations**

**W I T N E S S E T H**

WHEREAS, Fulton County (“County”) entered into a Contract with APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions to provide workforce solutions for dislocated workers and qualified unemployed/underemployed adults, dated April 20, 2022, on behalf of the Economic Development department; and

WHEREAS, the County wishes to amend the existing contract to include required federal award identification information into sub-awards; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on May 6, 2026 and BOC# 26-0238

**NOW, THEREFORE**, the County and the Contractor agree as follows:

This Amendment No. 1 to Form of Contract is effective as of May 6, 2026, between the County and APM Equus Holdings Corporation dba Arbor E&T, LLC dba Equus Workforce Solutions, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

**1. SCOPE OF WORK TO BE PERFORMED:**

Amend existing contract - Select Fulton, 22RFP0120B-PS, for Workforce Development Division, branded as WorkSource Fulton to Include required federal award identification information into sub-awards, issued to sub-recipients granted for Workforce Innovation and Opportunity Act (WIOA) funding passed-through Technical College System of Georgia (TCSG) in accordance with Workforce

Implementation Guidance Letter, (WIG) GA-19-001, contract assurances. The distinction identifies a sub-recipient from a vendor and clearly identifies as such in the terms of the contract. In compliance with the Uniform Grant Guidance, (2 CFR PART 200 and 2 CFR 200.332(b)(1)(ii)).

All requirements of the sub-award, including requirements imposed by Federal statutes, regulations, and the terms and conditions of the Federal award; Any additional requirements that the pass-through entity imposes on the sub-recipient for the passthrough entity to meet its responsibilities under the Federal award apply.

**Addendum:**

**Company's UEI #:** (MSYFSPW9KMD3) Subrecipient's unique entity identifier as active in SAM.GOV) 2 CFR 200.332(b)(1)(ii)

GRANT PERIODS: 4/01/2024 – 6/30/2026; 4/01/2025 – 6/30/2027

PROGRAM TITLE/TYPE: WIOA Youth Services

AMOUNT: Up to \$600,000

**FAIN:** 24A55AY000074; 25A55AY000159

**ALN:** 17.259

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$0.00 approved by BOC.
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Contract shall not become binding on the County, and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

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

OWNER:

**FULTON COUNTY, GEORGIA**

CONTRACTOR:

**APM EQUUS HOLDINGS  
CORPORATION dba ARBOR  
E&T, LLC dba EQUUS  
WORKFORCE SOLUTIONS**

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of  
Commissioners

*Doug Cotter*

Doug Cotter  
CEO

ATTEST:

*Tonya R. Grier*

Tonya R. Grier  
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

*Chad Alexis*

Office of the County Attorney

APPROVED AS TO CONTENT:

*Samir Abdullahi*

Samir Abdullahi, Director  
Select Fulton

ITEM#: <u>26-0238</u> RM: <u>05/06/2026</u>	ITEM#: _____ 2 <sup>ND</sup> RM: _____
<b>REGULAR MEETING</b>	<b>SECOND REGULAR MEETING</b>



# Fulton County

## Legislation Details

**File #:** 26-0238      **Version:** 1      **Name:**  
**Type:** Consent - Infrastructure and Economic Development      **Status:** Agenda Ready  
**File created:** 4/2/2026      **In control:** Board of Commissioners  
**On agenda:** 5/6/2026      **Final action:**  
**Title:** Request approval to amend an existing contract - Department of Economic Development, Select Fulton Workforce Development Division, 22RFP0120B-PS, WIOA Youth Services, to Include required federal award identification information into subawards with Arbor E&T, LLC dba Equus Workforce Solutions (Equus) (Louisville, KY) to provide comprehensive career services for Youth Workers for the Fulton County Local Workforce Development Board. Effective upon BOC approval. 100% grant funded. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Amendent Agreement No.1 Form\_Arbor ET dba Equus\_Youth, 2. Contract Performance Report Professional Services Form Youth- Equus copy

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/30/2025

**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> MARSH USA, LLC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119  CN131619829--Cas-25-26	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Tammy Adcock</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 615-340-2444</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Tammy.A.Adcock@marsh.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Homesite Insurance Company of Florida</td> <td style="text-align: right;">11156</td> </tr> <tr> <td><b>INSURER B:</b> Sentry Casualty Company</td> <td style="text-align: right;">28460</td> </tr> <tr> <td><b>INSURER C:</b> Lexington Insurance Company</td> <td style="text-align: right;">19437</td> </tr> <tr> <td><b>INSURER D:</b> N/A</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td><b>INSURER E:</b> N/A</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td><b>INSURER F:</b> Sentry Insurance Company</td> <td style="text-align: right;">24988</td> </tr> </table>	<b>CONTACT NAME:</b> Tammy Adcock		<b>PHONE (A/C, No, Ext):</b> 615-340-2444	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> Tammy.A.Adcock@marsh.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A:</b> Homesite Insurance Company of Florida	11156	<b>INSURER B:</b> Sentry Casualty Company	28460	<b>INSURER C:</b> Lexington Insurance Company	19437	<b>INSURER D:</b> N/A	N/A	<b>INSURER E:</b> N/A	N/A	<b>INSURER F:</b> Sentry Insurance Company	24988
<b>CONTACT NAME:</b> Tammy Adcock																					
<b>PHONE (A/C, No, Ext):</b> 615-340-2444	<b>FAX (A/C, No):</b>																				
<b>E-MAIL ADDRESS:</b> Tammy.A.Adcock@marsh.com																					
<b>INSURER(S) AFFORDING COVERAGE</b>																					
<b>INSURER A:</b> Homesite Insurance Company of Florida	11156																				
<b>INSURER B:</b> Sentry Casualty Company	28460																				
<b>INSURER C:</b> Lexington Insurance Company	19437																				
<b>INSURER D:</b> N/A	N/A																				
<b>INSURER E:</b> N/A	N/A																				
<b>INSURER F:</b> Sentry Insurance Company	24988																				
<b>INSURED</b> Arbor E&T, LLC d/b/a Equus Workforce Solutions 9510 Ormsby Station Road, Suite 104 Louisville, KY 40223																					

**COVERAGES** **CERTIFICATE NUMBER:** ATL-006036280 **REVISION NUMBER:** 3

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>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			POC-038981-01	09/30/2025	09/30/2026	EACH OCCURRENCE \$ 1,000,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,00 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,00 GENERAL AGGREGATE \$ 2,000,00 PRODUCTS - COMP/OP AGG \$ 2,000,00 \$
F	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" 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			A0290997-001	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<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			A02909970-002	09/30/2025	09/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A A0290997-003			A0290997-003	09/30/2025	09/30/2026	E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00
C	Excess General Liability			027734405	09/30/2025	09/30/2026	Limit (\$1M x \$1M) 1,000,00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: 22RFP0120B-PS Workforce Services Delivery providing WIOA Youth Services

Certificate Holder is included as Additional Insured (on a primary & non contributory basis) in accordance with the policy provisions of the General Liability, Automobile Liability  
 Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability, Excess Liability and Workers

**CERTIFICATE HOLDER**

**CANCELLATION**

Fulton County Government – Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Marsh USA LLC</i></p>
--	--

## Certificate Of Completion

Envelope Id: 97582DB5-9017-8AE8-81A8-E0A33F7B3D75

Status: Completed

Subject: Amendment No. 1, Equus Workforce Solutions, WIOA Youth Services, BOC# 26-0238

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 5

Signatures: 5

Envelope Originator:

Certificate Pages: 7

Initials: 0

Phyllis Stewart

AutoNav: Enabled

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, 30303

Phyllis.Stewart@fultoncountyga.gov

IP Address: 144.125.1.75

## Record Tracking

Status: Original

Holder: Phyllis Stewart

Location: DocuSign

5/11/2026 4:30:44 PM

Phyllis.Stewart@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

## Signer Events

## Signature

## Timestamp

Doug Cotter

Doug.Cotter@equusworks.com

CEO

Arbor E&T, LLC DBA Equus

Security Level: Email, Account Authentication  
(None)

*Doug Cotter*

Signature Adoption: Pre-selected Style

Using IP Address: 170.85.72.86

Sent: 5/12/2026 3:59:36 PM

Resent: 5/14/2026 9:23:18 AM

Viewed: 5/14/2026 6:06:45 PM

Signed: 5/14/2026 6:06:51 PM

### Electronic Record and Signature Disclosure:

Accepted: 5/14/2026 6:06:45 PM

ID: 65cdc7ba-16d8-473a-9907-0f5af9121c72

Phyllis Stewart

Phyllis.Stewart@fultoncountyga.gov

Security Level: Email, Account Authentication  
(None)

**Completed**

Using IP Address: 134.231.232.249

Sent: 5/14/2026 6:06:54 PM

Viewed: 5/15/2026 2:53:40 PM

Signed: 5/15/2026 2:53:48 PM

### Electronic Record and Signature Disclosure:

Not Offered via Docusign

Samir Abdullahi

Samir.Abdullahi@fultoncountyga.gov

Deputy Director

Yergan Jones

Security Level: Email, Account Authentication  
(None)

*Samir Abdullahi*

Signature Adoption: Pre-selected Style

Using IP Address: 2600:387:f:59::5

Signed using mobile

Sent: 5/15/2026 2:53:50 PM

Viewed: 5/15/2026 3:50:30 PM

Signed: 5/15/2026 3:50:46 PM

### Electronic Record and Signature Disclosure:

Accepted: 5/15/2026 3:50:30 PM

ID: 5efcf86b-8c26-4b5d-a147-c5e010320956

Lauren Hansford

Lauren.Hansford@fultoncountyga.gov

Security Level: Email, Account Authentication  
(None)

**Completed**

Using IP Address: 74.174.59.4

Sent: 5/15/2026 3:50:48 PM

Viewed: 5/18/2026 2:13:27 PM

Signed: 5/18/2026 2:14:26 PM

### Electronic Record and Signature Disclosure:

Accepted: 5/18/2026 2:13:26 PM

ID: d487a05e-ec99-45e8-a592-672e33a8a3db

Signer Events	Signature	Timestamp
<p>Chad Alexis  Chad.alexis@fultoncountyga.gov  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 5/26/2026 3:25:34 PM  ID: 0219bfda-c885-4301-9987-30bb3aaa16bf</p>	  Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	<p>Sent: 5/18/2026 2:14:30 PM  Resent: 5/19/2026 2:35:51 PM  Resent: 5/26/2026 8:11:35 AM  Viewed: 5/26/2026 3:25:34 PM  Signed: 5/26/2026 3:27:50 PM</p>
<p>Nikki Peterson  Nikki.Peterson@fultoncountyga.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>  Not Offered via Docusign</p>	<p><b>Completed</b></p> <p>Using IP Address: 74.174.59.10</p>	<p>Sent: 5/26/2026 3:27:53 PM  Viewed: 5/26/2026 3:39:21 PM  Signed: 5/26/2026 3:39:43 PM</p>
<p>Robert L. Pitts  Robb.Pitts@fultoncountyga.gov  Chairman  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 5/27/2026 6:09:23 AM  ID: c4df3440-e747-409f-a3ac-ce76942aaf4e</p>	  Signature Adoption: Pre-selected Style Using IP Address: 2600:387:2:824::12 Signed using mobile	<p>Sent: 5/26/2026 3:39:46 PM  Viewed: 5/27/2026 6:09:23 AM  Signed: 5/27/2026 6:09:31 AM</p>
<p>Tonya Grier  Tonya.Grier@fultoncountyga.gov  Clerk to the Commission  Fulton County Government  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 10/27/2025 11:21:47 AM  ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab</p>	  Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249	<p>Sent: 5/27/2026 6:09:34 AM  Viewed: 5/27/2026 6:56:03 AM  Signed: 5/27/2026 6:56:07 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
<p>Chytania Brown  Chytania.Brown@equusworks.com  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Accepted: 5/12/2026 3:59:35 PM  ID: 1b59bf92-0cd9-48bf-bced-55b9cca50aa5</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>VIEWED</b></div>  Using IP Address: 2600:387:f:7c13::8 Viewed using mobile	<p>Sent: 5/12/2026 2:28:38 PM  Viewed: 5/12/2026 3:59:35 PM</p>



<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Updated	Security Checked	5/12/2026 2:28:37 PM
Envelope Updated	Security Checked	5/12/2026 2:28:37 PM
Envelope Updated	Security Checked	5/12/2026 2:28:37 PM
Envelope Updated	Security Checked	5/12/2026 2:28:37 PM
Envelope Updated	Security Checked	5/12/2026 2:28:37 PM
Certified Delivered	Security Checked	5/27/2026 6:56:03 AM
Signing Complete	Security Checked	5/27/2026 6:56:07 AM
Completed	Security Checked	5/27/2026 6:56:13 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
-----------------------	---------------	-------------------

<b>Electronic Record and Signature Disclosure</b>
---

## **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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](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.