

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


OWNER:


CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME

Carl Bean Men's Health and Wellness Center

DocuSigned by:

BA715B1A26544E7
Robert L. Pitts, Chairman
Fulton County Board of Commissioners


Signed by: Name of Signatory: Dewayne Crowder

D3E2BAD8578E48E... Executive Director
Authorized Signature

ATTEST:

ATTEST:

Signed by:

EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

DocuSigned by: Name of 2nd Signatory: Rudolph H Carn

331521A4640D4A4... Title of 2nd Signatory: President/Board Chair
Second Authorized Signature

(Affix County Seal)




(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

5E4D76DFB4A0450...
Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

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



F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	CARL BEAN MEN'S HEALTH AND WELLNESS CENTER
Project No. and Project Title:	Healthy Futures Initiative: Expanding HIV/STD Treatment & Care for Black Gay Men

CONTRACTOR AFFIDAVIT

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

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

1554670

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

02/27/2025

Date of Authorization

Dewayne Crowder

Authorized Officer or Agent
(Name of Contractor)

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

Dewayne Crowder

Printed Name (of Authorized Officer or Agent of Contractor)


Signature (of Authorized Officer or Agent)

Executive Director

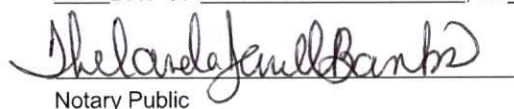
Title (of Authorized Officer or Agent of Contractor)

02/27/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

27 DAY OF **February**, 20**25**


Notary Public

My Commission Expires: **Oct 7, 2025**



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



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	CARL BEAN MEN'S HEALTH AND WELLNESS CENTER
Project No. and Project Title:	Healthy Futures Initiative: Expanding HIV/STD Treatment & Care for Black Gay Men"

FORM G: SUBCONTRACTOR AFFIDAVIT

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

1554670

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

02/27/2025

Date of Authorization

Dewayne Crowder

Authorized Officer of Agent
(Name of Subcontractor)

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

Dewayne Crowder

Printed Name (of Authorized Officer or Agent of Contractor)


Signature (of Authorized Officer or Agent)

Executive Director

Title (of Authorized Officer or Agent of Contractor)

02/27/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

27 **February** **25**
DAY OF _____, 20__


Notary Public

My Commission Expires: Oct 7, 2025



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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2025

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).

PRODUCER InsuranceHub Leavitt Agency, Inc. 1720 Lakes Parkway Lawrenceville GA 30043	CONTACT NAME: Angi Sierra PHONE (A/C, No, Ext): (770) 497-1200 FAX (A/C, No): (770) 814-7187 E-MAIL ADDRESS: coi@insurancehub.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: American Casualty Company</td> <td>20427</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: American Casualty Company	20427	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 25-26 WC Master**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	WC 7 12659734	02/10/2025	02/10/2026	<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)

CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 141 Pryor St SW

Atlanta

GA 30318

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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CONTRACT AGREEMENT

THIS AGREEMENT (“Agreement”), entered into this **1st day of January 2025**, by and between **FULTON COUNTY**, Georgia (hereinafter referred to as “Fulton County” or “County”), a political subdivision of the State of Georgia, acting by and through its Community Development Department’s Youth and Community Services Division (“YCS”), and **Carl Bean Men's Health and Wellness Center** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the “Parties”).

WITNESSETH

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

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

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

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

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

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

INDEX OF ARTICLES

ARTICLE 1. PARTIES AND TERM

ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES

ARTICLE 3. COMPENSATION FOR SERVICES

ARTICLE 4. RECORD KEEPING

ARTICLE 5. INDEMNIFICATION

ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE

ARTICLE 7. INDEPENDENT CONTRACTOR STATUS

ARTICLE 8. INSURANCE

ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT

ARTICLE 10. SUBCONTRACTING

ARTICLE 11. ASSIGNABILITY

ARTICLE 12. SEVERABILITY OF TERMS

ARTICLE 13. PRECEDENCE OF AGREEMENT

ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY

ARTICLE 15. CAPTIONS

ARTICLE 16. GOVERNING LAW

ARTICLE 17. JURISDICTION

ARTICLE I - PARTIES AND TERM:

(a) Fulton County, through its YCS, retains Contractor, and Contractor accepts retention by Fulton County to render the services as hereinafter defined and required; to perform such services in a manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

(b) The Chairperson of the Board of Directors for the Contractor or authorized representative (hereinafter "Board Chair") represents that she/he is authorized to bind and enter into contracts on behalf of Contractor, including this Agreement.

(c) Nothing contained in this Agreement shall be constructed to be a waiver of Fulton County's sovereign immunity or any individual's official or qualified good faith immunity.

(d) This Agreement will remain in effect from **01/01/2025**, until midnight **12/31/2025**.

(e) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis under this Agreement whenever necessary, in the sole opinion of Fulton County, to avert a life threatening situation or other sufficiently serious deficiency.

ARTICLE II - SCOPE OF CONTRACTOR'S DUTIES:

Upon execution of this Agreement, the Contractor will provide the following services for Fulton County:

SCOPE OF WORK:

Community Services Program (CSP)

CSP Service Category: Health and Wellness

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Prevent illness and health disparities by educating and connecting individuals to available resources, 3. Programs focusing on HIV Prevention and Education

Homelessness: Not Applicable

Senior Services: Not Applicable

Carl Bean Men's Health and Wellness Center, : "Healthy Futures Initiative: Expanding STD Treatment & Care for Black Gay Men" will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

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

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Carl Bean Men's Health and Wellness Center	2140 M L King Jr Dr SW	Atlanta	GA	30310	6	1,3,4,5

Approach and Design:

Carl Bean Men's Health and Wellness Center, : "Healthy Futures Initiative: Expanding STD Treatment & Care for Black Gay Men" will provide services to **125** clients that reside in Fulton County, with CSP funding.

Carl Bean Men's Health and Wellness Center, : "Healthy Futures Initiative: Expanding STD Treatment & Care for Black Gay Men" will provide the following activities and services in Fulton County with CSP funding:

The Healthy Future Initiatives: Expanding HIV/STD Treatment & Care for Black Gay Men program is designed to address the

disproportionate impact of HIV and sexually transmitted infections (STIs) on Black gay men in Fulton County. By implementing a comprehensive, culturally sensitive approach, the program aims to reduce infection rates and improve health outcomes through the following key activities:

1. **Comprehensive HIV and STI Screening and Treatment:** The program will offer free or low-cost testing for HIV and common STIs, such as chlamydia, gonorrhea, and syphilis, in alignment with CDC guidelines. Rapid testing methods will ensure timely diagnosis, and individuals who test positive will receive immediate access to appropriate treatment and care services.
2. **Pre-Exposure Prophylaxis (PrEP) Services:** To prevent new HIV infections, the program will provide access to PrEP—a CDC-recommended biomedical intervention that significantly reduces the risk of contracting HIV. Services will include PrEP education, prescription, and adherence support to ensure effective use.
3. **Risk Reduction Counseling and Education:** Recognizing the importance of behavioral interventions, the program will offer personalized risk reduction counseling. This includes educating clients on safer sex practices, condom use, and strategies to reduce high-risk behaviors, thereby empowering individuals to make informed decisions about their sexual health.
4. **Mental Health and Substance Use Support:** Acknowledging the intersectionality of mental health, substance use, and sexual health, the program will integrate behavioral health services. Licensed professionals will provide counseling to address issues such as depression, anxiety, and substance use disorders, which can be barriers to effective HIV prevention and treatment adherence.
5. **Community Outreach and Engagement:** The program will conduct targeted outreach initiatives to reach individuals who may not have access to traditional healthcare settings. This includes collaborating with local organizations, hosting educational workshops, and utilizing mobile health units to provide services directly within the community.
6. **Linkage to Care and Support Services:** The program will ensure that individuals diagnosed with HIV or STIs are promptly connected to medical care and supportive services. This includes assistance with navigating the healthcare system, accessing medications, and addressing social determinants of health, such as housing and employment, which can impact health outcomes.

By implementing these activities, the program aims to create a supportive environment that reduces stigma, promotes health equity, and empowers Black gay men in Fulton County to take control of their sexual health.

Goals, Objectives, and Outcomes for the Sexual Health Equity Program (SHEP)

Goal 1: Expand Access to Comprehensive STD/HIV Testing and Treatment Services for Black Gay Men in Fulton County

Objective 1.1: Increase the number of Black gay men receiving routine STD/HIV screenings by **30%** over the 12-month grant period through expanded clinical and mobile testing services. (500)

Objective 1.2: Provide **timely treatment for at least 90% of individuals** diagnosed with STD, ensuring proper follow-up care and adherence to treatment guidelines.

Outcome Measures:

- Number of Black gay men tested for STDs/HIV quarterly.

- Percentage of STD-positive individuals receiving treatment within **seven days** of diagnosis.
- Reduction in STD reinfection rates among program participants.

Goal 2: Enhance Community Outreach and Education to Promote Sexual Health Awareness

Objective 2.1: Conduct **at least 10 targeted community outreach events** over 12 months, providing STD/HIV education, testing, and linkage to care.

Objective 2.2: Distribute **2,500+ educational materials** (digital and print) to increase awareness of STD prevention, treatment, and PrEP/PEP services.

Outcome Measures:

- Number of individuals reached through outreach events.
- Increase knowledge and awareness of STD prevention strategies, measured through pre/post surveys.
- Number of community members referred to STD/HIV services after outreach events.

Goal 3: Strengthen Linkage to Care and Support Services for Black Gay Men

Objective 3.1: Ensure that **100% of newly diagnosed individuals** are linked to medical care/treatment and case management services on or no later than **three days** of diagnosis.

Objective 3.2: Provide ongoing sexual health counseling to at least **75% of program participants** to encourage behavior change and treatment adherence.

Outcome Measures:

- Percentage of individuals successfully linked to care within one week.
- Number of clients receiving case management and counseling services.
- Improved retention in care, measured through follow-up visit adherence.

Goal 4: Improve Data Collection and Program Evaluation for STD/HIV Services

Objective 4.1: Implement **enhanced data tracking** through the Electronic Medical Records (EMR) system to monitor patient testing, treatment, and follow-up outcomes.

Objective 4.2: Conduct **quarterly program evaluations** to identify trends, gaps, and areas for improvement in STD/HIV service delivery.

Outcome Measures:

- Number of program participants successfully documented in the EMR system.
- Percentage of cases with completed follow-ups within recommended timeframes.
- Data reports are generated to improve program decision-making.

Goal 5: Reduce Barriers to Care Through Client-Centered Support Services

Objective 5.1: Provide **transportation assistance (MARTA cards) or Uber Rides to at least 97 clients** to ensure access to STD testing and treatment services.

Objective 5.2: Offer **client incentives (grocery or health-related gift cards) to 160 individuals** to encourage participation in routine STD screenings.

Outcome Measures:

- Number of clients receiving transportation assistance.
- Increase in clinic appointment adherence rates due to support services.
- Improved patient engagement and satisfaction, measured through surveys.

Designation of CSP Funds:

Based on the awarded amount of **\$25,000.00**, the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

Administrative Expenditures CSP funds that are spent on indirect personnel expenses such as salaries, salary fringe, and benefits for executive / management, accountant, administrative support, etc. Includes direct and indirect charges for administration of the grant (**Note: Not more than 5% of total grant award can be used for administrative costs.**)

Operational Expenditures- CSP funds used to conduct agency/ organizational functions that are secondary to program service delivery such as: auditor, grant writer, consultants, insurance office/ warehouse lease or mortgage expenses, office supplies (pens, toner, paper, etc.), agency's utility expenses, staff transportation expenses, marketing/catalogs, etc. Not to include indirect or direct personnel expenses. (**Note: Not more than 25% of total grant award can be used for operational expenditures.**)

Direct Service Expenditures- CSP funds utilized to provide services directly to agency/program participants such as payments made on behalf of participants for rent, utilities, food, shelter, transportation (rentals, gas, and parking, bus drivers, participant's public transportation costs, etc.), scholarships and day care vouchers, salaries and fringe benefits for direct service personnel (Case Managers, Educators, Subcontractors, etc.), program supplies (educational/instructional materials, paper, pencils, markers, etc.) directly consumed by participants. Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

Throughout the contract period, program expenditures will be monitored (via performance reports) to ensure that funding is utilized as contracted.

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$1,250.00
Total	\$25,000.00

Cost Category	Designation of CSP Funding Award
Operational (25% Operational max of total funds awarded.)	\$5,750.00
Direct Services	\$18,000.00
<i>Total</i>	\$25,000.00

Explanation of Funding Details:

Budget Justification

Total Award: \$25,000

Organization: Carl Bean Men's Health & Wellness Center (CBMHWC)

Grant Program: 25RFP020325C-MH – 2025 Community Services Program

Program Title: Healthy Futures Initiative: Expanding HIV/STD Treatment & Care for Black Gay Men

Grant Period: January 1, 2025 – December 31, 2025

1. Administrative Costs – \$1,250 (5%)

Financial Reporting & Compliance Support

Supports a portion of finance staff time dedicated to:

- Monthly budget tracking and reconciliation
- Ensuring adherence to CSP funding compliance
- Preparing financial reports and supporting documentation for audits

2. Operational Costs – \$5,750 (23%)

Medical & Lab Supplies and STD Treatment Medications – \$3,750

Includes:

- **STD Treatment Medications:** Rocephin (Ceftriaxone), Penicillin, Tetracycline, Doxycycline
- **Lab Supplies:** gloves, swabs, blood draw tubes, collection kits, and disinfectants

These items are critical for diagnosing and treating STDs such as syphilis, chlamydia, and gonorrhea, which disproportionately affect Black gay men in Fulton County.

Electronic Medical Records (EMR) Enhancement – \$2,000

Covers licensing or upgrade costs for existing EMR system (e.g., eClinicalWorks or NextGen):

- Improves tracking of patient test results and treatments
- Ensures data integrity for grant reporting and outcome monitoring

3. Direct Services – \$18,000 (72%)

Staffing – \$13,500

Position	Annual Salary	% FTE	Justified Allocation
Nurse Practitioner	\$156,000	5%	\$7,800
Medical Case Manager	\$60,000	5%	\$3,000
MA/Lab Technician	\$45,000	6.7%	\$2,700

Roles and Responsibilities:

- **Nurse Practitioner:** STD diagnosis, treatment, follow-up care
- **Medical Case Manager:** Risk reduction counseling, linkage to care, adherence education
- **MA/Lab Tech:** Lab draws, patient intake, EMR documentation, prepping clients

Client Incentives & Transportation Support – \$4,500

Used to increase engagement and reduce barriers to care:

- **MARTA Cards** and **Uber rides** for appointment access
- **Grocery gift cards** or **health promotion items** as incentives for completing testing and treatment
- Reinforces retention in care and promotes regular STD screenings

Program Performance Measures:

Carl Bean Men's Health and Wellness Center agrees to track and report program performance to the Fulton County Department of Community Development.

County Defined Performance Measure(s):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: Not Applicable

Health and Wellness: 1. Number of individuals connected to available resources to help mitigate illness and health disparities, 2. Number of individuals receiving referrals to behavioral health and other supportive services, 3. Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures, 4. Number of individuals who report increased knowledge around reducing the risk of acquiring or transmitting HIV, 5. Number of persons living with HIV receiving housing services, and/or transportation assistance..., 6. Number of persons living with HIV achieving viral suppression, 8. Number of individuals participating in programs focusing on financial literacy and wellness

Homelessness: Not Applicable

Senior Services: Not Applicable

The following program measures/ Key Performance Indicators (“KPI’s”) will be utilized to track and report program outcomes for the Fulton County residents supported with CSP funding, during the funding period 01/01/2025 through 12/31/2025:

To effectively monitor and evaluate the outcomes of the Healthy Future Initiatives: Expanding HIV/STD Treatment & Care for Black Gay Men program, the Carl Bean Men's Health & Wellness Center (CBMHWC) will implement a comprehensive set of Key Performance Indicators (KPIs). These KPIs are designed to align with both County-defined performance measures and agency-specific objectives, ensuring a robust framework for assessing program impact.

County-Defined Performance Measures:

CBMHWC will select and report on at least one County-defined performance measure throughout the contract period, as mandated by the Community Services Program (CSP) guidelines. This selection will be based on the primary service category for which funding is requested, ensuring alignment with County priorities.

Agency-Defined Performance Measures:

In addition to the County-defined measures, CBMHWC will implement the following agency-specific KPIs to comprehensively evaluate program performance:

1. Number of Individuals Receiving HIV Testing Services (HTS): This indicator tracks the total number of clients who receive HIV testing and counseling services and are informed of their test results within the reporting period.
2. Percentage of Newly Diagnosed HIV-Positive Clients Linked to Care: This KPI measures the proportion of individuals who, upon receiving a new HIV-positive diagnosis, are successfully linked to medical care within 30 days.
3. PrEP Uptake Among Eligible Clients: This metric assesses the number of clients identified as high-risk for HIV

who initiate pre-exposure prophylaxis (PrEP) as a preventive measure.

4. Retention Rate in HIV Care: This indicator evaluates the percentage of HIV-positive clients who remain engaged in continuous medical care over a specified timeframe, reflecting the program's effectiveness in maintaining ongoing treatment adherence.
5. Client Satisfaction Scores: Through regular surveys, this KPI captures client feedback on the quality and accessibility of services provided, offering insights into areas for improvement and overall program effectiveness.

Data Collection and Reporting:

CBMHWC will utilize a secure, electronic health record (EHR) system to systematically collect and manage data related to these KPIs. Regular data analysis will be conducted to monitor progress, identify trends, and inform continuous quality improvement initiatives. Quarterly reports will be generated to share findings with stakeholders, ensuring transparency and accountability in program operations.

By integrating these performance measures, CBMHWC aims to deliver data-driven, high-quality care that effectively addresses the unique needs of Black gay men in Fulton County, thereby enhancing health outcomes and advancing health equity within the community.

Agency Defined Performance Measure(s):

In addition to the County-defined performance measures, the Carl Bean Men's Health & Wellness Center (CBMHWC) will implement the following agency-defined performance measures to ensure the effectiveness of the Healthy Future Initiatives: Expanding HIV/STD Treatment & Care for Black Gay Men program. These measures focus on service quality, patient retention, health outcomes, and community engagement, aligning with the priorities of the Fulton County Board of Health and addressing the significant impact of HIV and sexually transmitted infections (STIs) among Black gay men in Metro Atlanta.

1. Percentage of Clients Receiving Comprehensive STI Screening

Definition: This measure evaluates the proportion of program clients who receive a comprehensive STI screening, including tests for chlamydia, gonorrhea, syphilis, and HIV, during the contract period.

Rationale: Regular and comprehensive STI screenings are crucial for early detection and treatment, thereby reducing transmission rates and improving individual health outcomes. This aligns with the Fulton County Board of Health's emphasis on comprehensive sexual health services. citeturn0search9

Calculation:

- Numerator: Number of clients who received comprehensive STI screening.
- Denominator: Total number of clients enrolled in the program during the contract period.

Data Source: Electronic Health Records (EHR) and laboratory reports.

Alignment with Fulton County Priorities: The Board offers services including STI testing and emphasizes the importance of comprehensive sexual health services.

2. Percentage of Clients Initiating PrEP Services

Definition: This indicator measures the proportion of HIV-negative clients at substantial risk for HIV infection who initiate Pre-Exposure Prophylaxis (PrEP) services during the contract period.

Rationale: PrEP is a highly effective biomedical intervention that significantly reduces the risk of HIV acquisition. Increasing PrEP uptake among high-risk populations is essential for HIV prevention, particularly among Black gay men in Metro Atlanta, who are disproportionately affected by HIV.

Calculation:

- Numerator: Number of eligible clients who initiated PrEP services.
- Denominator: Total number of HIV-negative clients assessed as high-risk during the contract period.

Data Source: EHR and PrEP program enrollment records.

Alignment with Fulton County Priorities: The Board provides assessment and linkage to PrEP services as part of its HIV prevention efforts.

3. Client Retention Rate in HIV Care

Definition: This measure assesses the proportion of HIV-positive clients who remain engaged in continuous HIV medical care over a specified timeframe during the contract period.

Rationale: Consistent engagement in HIV care is vital for achieving viral suppression, improving health outcomes, and reducing HIV transmission. Retention in care is a key indicator of program effectiveness.

Calculation:

- Numerator: Number of HIV-positive clients with at least two HIV medical care visits, spaced at least three months apart, within the measurement year.
- Denominator: Total number of HIV-positive clients enrolled in the program during the measurement year.

Data Source: EHR and appointment logs.

Alignment with Fulton County Priorities: The Board emphasizes linkage to HIV care and rapid entry into treatment to improve health outcomes.

4. Percentage of Clients Reporting Increased Knowledge of HIV/STI Prevention Strategies

Definition: This indicator measures the proportion of clients who report an increase in knowledge regarding HIV/STI prevention strategies after participating in educational sessions during the contract period.

Rationale: Enhancing clients' understanding of prevention strategies empowers them to make informed decisions, thereby reducing the incidence of HIV and STIs.

Calculation:

- Numerator: Number of clients reporting increased knowledge post-education.
- Denominator: Total number of clients who participated in educational sessions during the contract period.

Data Source: Pre- and post-education surveys.

Alignment with Fulton County Priorities: The Board provides community education and screenings as part of its sexual health services.

5. Community Engagement and Outreach Activities Conducted

Definition: This measure tracks the number of community engagement and outreach activities conducted to promote HIV/STI prevention, testing, and treatment services during the contract period.

Rationale: Active community engagement and outreach are essential for raising awareness, reducing stigma, and encouraging individuals to access prevention and care services.

Calculation:

- Numerator: Number of community engagement and outreach activities conducted.
- Denominator: Not applicable.

Data Source: Program activity logs and reports.

Alignment with Fulton County Priorities: The Board emphasizes community education and screenings as part of its HIV prevention efforts.

By implementing these agency-defined performance measures, CBMHWC aims to enhance the quality and effectiveness of its services, directly addressing the significant impact of HIV and STIs among Black gay men in Metro Atlanta. These measures are aligned with the Fulton County Board of Health's priorities and are designed to improve health outcomes, increase service uptake, and strengthen community engagement.

ADDITIONAL REQUIREMENTS

Failure to adhere to the terms of this Agreement, in addition to the requirements listed below, may result in one or all of the following; delayed disbursement or total loss of awarded funds, and / or ineligibility to receive an RFP award during the next funding cycle.

1. Contractor agrees to develop, in conjunction with Fulton County, a process of accepting and serving Fulton County residents referred by the Youth and Community Services Division of Fulton County Government.
2. As consideration for the County providing funding and the non-profit entity accepting same, the non-profit entity shall, upon the County's request, participate in County-sponsored events and activities on County property, when feasible. The non-profit agency shall use its best efforts to comply with the County's request provided that it is given at least one week's notice to do so. Failure to participate will be taken into consideration for future funding requested by the non-profit entity.
3. Contractor agrees to allow staff from the Fulton County Department of Community Development to conduct contract compliance site visits as necessary (announced or unannounced).
4. During the site visit, Contractor will be required to allow staff to monitor programming, as well as review client rosters / sign-in sheets and/ or Registration information that should include complete addresses of Fulton County residents served by this funding.
5. Contractor agrees to comply with the Operational Specifications outlined in **2025 Community Services Program 25RFP020325C-MH**.
6. Contractor agrees that advertising, promotions and other publicity in connection with the supported program(s) shall include the following acknowledgment: **"Funding provided in part by the Fulton County Board of Commissioners under the guidance of the Department of Community Development."**

Note: If your agency uses logos versus text, you may substitute the language above with the Fulton County Logo.

Reporting

It is the Contractor's responsibility to ensure accurate reporting of all information contained in the performance reports. Reports and supportive documentation that consistently include erroneous/ inaccurate data may result in a required reimbursement of funding and/or may negatively impact future funding.

7. Contractor will be required to submit completed performance reports (with deadlines of **(July 18, 2025, and January 16, 2026)**) to adhere to the requirements outlined in the Performance Report Instructions, as well as the format provided by the Fulton County Department of Community Development. Future

funding will be affected if performance reports are not submitted by stipulated due dates.

8. Contractor will be required to provide demographic information concerning the Fulton County residents served, including, but not limited to age, race/ethnicity and gender.

9. Contractor will be required to report the number of UNDUPLICATED/NEW participants directly served through the Community Services Program funding. **Please note:** Failure to serve the total number of participants contracted to be served with CSP funding may result in reimbursement of CSP funding to Fulton County. Failure to reimburse the funding requested will result in the ineligibility to receive future funding.

10. Contractor will be required to submit unduplicated client rosters in a spreadsheet format that includes the complete residential addresses of the Fulton County residents served with CSP funding, and LEDGERS demonstrating how Community Services Program funds were expended for the specified reporting period.

Expenditure of Funds

11. Contractor is prohibited from utilizing CSP funds for capital expenditures. (A “capital expenditure” is defined as: any resource not completely consumed during the contract year, i.e. computers, printers, construction, vehicles, cell phones, etc.) Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are excluded from the definition of “capital expenditure” (e.g., children's story books, educational materials, games, puzzles, and flash cards).

12. Community Services Program funds must be expended by December 31st of the contract year. All funds that are not spent by this date must be reimbursed to Fulton County Government within 30 days of written request. A Contractor’s failure to adhere to this requirement will result in one or more of the following: inability to receive future funding from Fulton County, and/or legal action against the agency to recoup funding that are not reimbursed by the deadline.

ARTICLE III - COMPENSATION FOR SERVICES

(a) Fulton County agrees to pay Contractor a maximum sum of **\$25,000.00**.

(b) Upon receipt and approval of Contractor’s invoice delineating projected expenditures for the first six months of the contracting period. Upon receipt and approval of said invoice, County shall pay Contractor the first six months of compensation provided for by this Agreement. The Contractor shall provide Fulton County with a second invoice delineating projected expenditures for the remaining six months of the Agreement Term. Upon receipt and approval of said invoice, Fulton County shall pay

Contractor the second six months of compensation provided by this Agreement. **A failure by Contractor to submit the invoice for the first and/ or second six months of the contracting period will constitute a breach of this Agreement.**

(c) If through any cause, Contractor shall fail to fulfill its obligation under this Agreement in a timely and proper fashion or in the event that any of the provision or stipulations of this Agreement are violated by Contractor, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon Contractor of Fulton County's intent to suspend or terminate this Agreement. If the Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving only the compensation for work performed in a manner satisfactory to Fulton County up to and including the date of the written termination notice.

(d) The Contractor agrees and understands that all expenditures must be consistent with the scope and purpose of this Agreement, and expenditures must be consistent with the guidelines and definitions established in **2025 Community Services Program 25RFP020325C-MH**, which is hereby incorporated by reference herein and made a part of this agreement. The County reserves the right to approve and reject payment for expenditures which are not consistent with the scope and purpose of this Agreement, and which the County determines are not consistent with the guidelines and definitions established in the Community Services Program RFP.

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

ARTICLE IV - RECORD KEEPING

(a) Contractor shall maintain accurate records of the expenditure and disposition of funds, and such records must be in accordance with good accounting practices, and made available for inspection and audit by Fulton County at a time mutually agreeable to parties and upon thirty (30) days' notice to contractor.

(b) All reports and communications, with supportive documentation consistent with contract provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

(c) A performance report, with supportive documentation consistent with provisions of the Agreement outlined in Article II, must be provided to Fulton County no later than **July 18, 2025 for the period January 1, 2025-June 30, 2025; and January 16, 2026 for the period July 1, 2025-December 31, 2025.**

(d) Contractor shall be responsible for sending staff representation to mandatory meetings that will

be sponsored by the Fulton County Department of Community Development. Contractor will be notified in advance of said meetings.

(e) All notices, program reports and other communications required to be given under this Contract shall be sufficient if in writing and either delivered via e-mail, personally or sent by postage, prepaid, certified or registered United States mail, return receipt requested, or e-mail addressed as follows:

To Fulton County:

Department of Community Development
c/o: Youth and Community Services Division
hsd.grants@fultoncountyga.gov
137 Peachtree Street, SW
Atlanta, Georgia 30303

To Contractor:

Carl Bean Men's Health and Wellness Center
2140 Martin Luther King JR DR SW BLDG B
Atlanta, Georgia 30310

The Parties may only modify or update the above-referenced addresses during the term of this Agreement by providing formal notice to the other party of such a change pursuant to the terms of this provision.

(f) Contractor understands and agrees that, upon Fulton County's determination that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement upon written notice to Contractor. Contractor further understands and agrees that if Fulton County determines that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County may request, and the Contractor shall provide, any and all additional reports, records or documentation Fulton County deems necessary to evaluate, assess and/or measure Contractor's overall level of performance under this Agreement, including Contractor's performance at other delivery sites.

ARTICLE V - INDEMNIFICATION

Contractor hereby covenants and agrees to indemnify and hold harmless Fulton County, its Commissioners, officers, and employees from all claims, losses, liabilities, damages, deficiencies,

demands, judgments, or costs (including without limitation reasonable attorney's fees and legal expenses) suffered or occurred by such party, whether arising in tort, contract, strict liability or otherwise, including without limitation, personal injury, wrongful death or property damage arising in any way from the actions or omissions of Contractor, its directors, officers, employees, agents, successors and assigns in connection with its acceptance, or the performance, or nonperformance of its obligations under this Agreement; provided, however, that nothing herein shall be construed to preclude the Contractor from bringing suit against the County for breach of the terms of this Agreement.

ARTICLE VI – TERMINATION OF AGREEMENT FOR COUNTY'S CONVENIENCE AND FOR CAUSE

(a) This Agreement is effective on **01/01/2025**, and shall terminate on **12/31/2025**, unless earlier terminated in accordance with the provisions of this Agreement. Notwithstanding termination of the Agreement, Contractor is obligated to fulfill all of its obligations, including its reporting requirements.

(b) Notwithstanding the above provisions, Fulton County may terminate this Agreement for convenience, or Fulton County or the Contractor may terminate this Agreement at any time for any reason by giving written notice of the intent to terminate the Agreement thirty (30) days in advance, by certified mail, return receipt requested, with proper postage prepaid, or by hand delivery, to the other party at the physical address provided herein for notice. The termination shall become effective on the thirtieth (30th) day after the date of such written notice unless the parties otherwise agree in writing. If this Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving compensation for the work satisfactorily performed up to and including the effective date of termination.

(c) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis whenever necessary, in the opinion of Fulton County, to avert a life threatening situation or other sufficiently serious risk.

(d) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to request repayment in full of all compensation paid to Contractor pursuant to Article III of this agreement. If Fulton County exercises its right under this subsection, Contractor agrees to and shall repay Fulton County all compensation paid to Contractor pursuant to Article III of this Agreement.

(e) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to terminate this

Agreement between Fulton County and Contractor without penalty. Contractor acknowledges and agrees that Fulton County's right to terminate includes, but is not limited to, the right to withhold any and all future compensation due to Contractor pursuant to the terms of any and all other agreements between Fulton County and Contractor.

(f) In the event that this Agreement is terminated by Fulton County or Contractor, following Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this Agreement, Contractor agrees that it shall not be eligible to either enter or to apply to enter into future contracts with Fulton County until it has addressed any and all areas of deficiency or non-compliance to Fulton County's satisfaction.

ARTICLE VII - INDEPENDENT CONTRACTOR STATUS

(a) Nothing contained herein shall be deemed to create any relationship other than that of an independent contractor between Fulton County and Contractor. Under no circumstances shall Contractor, its directors, officers, employees, agents, successors or assigns be deemed employees, agents, partners, successors, assigns or legal representatives of Fulton County.

Contractor acknowledges that **Carl Bean Men's Health and Wellness Center**, its directors, officers, employees, agents and assigns shall have no right of redress pursuant to the Personnel Rules and Regulations of Fulton County.

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

ARTICLE VIII - INSURANCE

Contractor agrees to obtain, maintain and furnish to Fulton County, a Certificate of Insurance (COI) showing the required coverage during the entire term of this Agreement. All insurance limits are listed in the "Insurance and Risk Management Provisions" document, Attachment "A", with Fulton County,

Georgia added as an “Additional Insured”. The cancelation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

ARTICLE IX – AMENDMENTS AND MODIFICATIONS TO CONTRACT

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

(b) Modifications or amendments which require a change in compensation level must be approved by the Fulton County Board of Commissioners and Contractor; other modifications, amendments or variations may be agreed to in writing, between the Contractor and the Contract Administrator when the amount of this Agreement and its Term remain unchanged.

ARTICLE X - SUBCONTRACTING

Contractor shall not subcontract any part of the work covered by this Agreement or permit subcontracted work to be further subcontracted without prior written approval of Fulton County.

ARTICLE XI - ASSIGNABILITY

Contractor shall not assign or subcontract this Agreement or any portion thereof without the prior expressed written consent of Fulton County. Any attempted assignment or subcontracting by Contractor without the prior expressed written consent of Fulton County shall at the County’s sole option terminate this Agreement without any notice to Contractor of such termination. Contractor binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

ARTICLE XII - SEVERABILITY OF TERMS

If any part or provision of this Agreement is held invalid the remainder of this Agreement shall not be affected thereby and shall continue in full and effect.

ARTICLE XIII – PRECEDENCE OF AGREEMENT

In the event that any language in the Department of Community Development's Community Services Program RFP is in conflict with the language in this Agreement, this Agreement shall take precedence.

ARTICLE XIV - EQUAL EMPLOYMENT OPPORTUNITY

In accordance with Fulton County Code Sections 102-391 (Equal Opportunity Clause) and 154-3 (Policy of Equal Opportunity): (a): During the performance of this Agreement, the Contractor agrees as follows:

(1) The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, national origin, or disability. As used herein, the words "shall not discriminate" shall mean and include without limitations the following:

Recruited, whether by advertising or other means; compensated, whether in the form of rates of pay, or other forms of compensation; selected for training, including apprenticeship; promoted; upgraded; demoted, downgraded; transferred; laid off; and terminated.

The Contractor agrees to and shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

(2) The Contractor shall in solicitation or advertisement for employees, placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, sexual orientation, national origin, or disability.

(3) The Contractor shall send to each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under the Equal Opportunity Program of Fulton County and under this Article, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The Contractor and its subcontractors, if any, shall file Compliance Reports at reasonable times and intervals with Fulton County in the form and to the extent prescribed by the director. Compliance Reports filed at such times as directed shall contain information as to the employment practices, policies, programs and statistics of the Contractor and its subcontractors.

(5) The Contractor shall include the provisions of paragraphs (1) through of this equal employment opportunity clause and every subcontractor purchase order so that such provision shall be binding upon each subcontractor.

ARTICLE XV - CAPTIONS

The captions are inserted herein only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Agreement or the intent of the provisions thereof.

ARTICLE XVI - GOVERNING LAW

This Agreement shall be governed in all respects, as to validity, construction, capacity, and performance or otherwise, by the laws of the State of Georgia.

ARTICLE XVII - JURISDICTION

This Agreement will be executed and implemented in Fulton County. Further, this Agreement shall be administered and interpreted under the laws of the State of Georgia. Jurisdiction of litigation arising from this Agreement shall be in the Fulton County Superior Courts. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

Whenever reference is made in the Agreement to standards or codes in accordance with which work is to be performed, the edition or revision of the standards or codes current on the effective date of this Agreement shall apply, unless otherwise expressly stated.



**FULTON
COUNTY**

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
06/17/2025

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).

PRODUCER AFFINITY INS SERVICES INC/PHS 39320229 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#
INSURED Carl Bean Mens Health and Wellness Center 2140 MARTIN LUTHER KING JR DR SW ATLANTA GA 30310-1134	INSURER A : Hartford Underwriters Insurance Company 30104 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liability	X		39 SBA BH3ZYW	06/26/2025	06/26/2026	EACH OCCURRENCE \$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
							GENERAL AGGREGATE \$4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X		39 SBA BH3ZYW	06/26/2025	06/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE	X		39 SBA BH3ZYW	06/26/2025	06/26/2026	EACH OCCURRENCE \$1,000,000
							AGGREGATE \$1,000,000
	DED RETENTION \$ 10,000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		39 SBA BH3ZYW	06/26/2025	06/26/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Employment Practices Liability Insurance			39 SBA BH3ZYW	06/26/2025	06/26/2026	Each Claim Limit \$25,000 Annual Aggregate Limit \$25,000

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. Certificate holder is an additional insured per the Business Liability Coverage Form SL3032 attached to this policy.

CERTIFICATE HOLDER

Fulton County Government
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

Susan L. Castaneda

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2025

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).

PRODUCER InsuranceHub Leavitt Agency, Inc. 1720 Lakes Parkway Lawrenceville GA 30043	CONTACT NAME: Angi Sierra PHONE (A/C, No, Ext): (770) 497-1200 FAX (A/C, No): (770) 814-7187 E-MAIL ADDRESS: coi@insurancehub.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: American Casualty Company</td> <td>20427</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: American Casualty Company	20427	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: American Casualty Company	20427														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Carl Bean Men's Health and Wellness Center, Inc. 2140 Martin Luther King Jr Dr. Building #2 Atlanta GA 30310															

COVERAGES**CERTIFICATE NUMBER:** 25-26 WC Master**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	WC 7 12659734	02/10/2025	02/10/2026	<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)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government 141 Pryor St SW Atlanta GA 30318	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				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 PAGBD				Coverage Code PAGBD	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$233.00		

Ref #	Description DTERR				Coverage Code DTERR	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$18.00		

Ref #	Description Expense constant				Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$160.00		

Ref #	Description Increased employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$5.00		

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		

Certificate Of Completion

Envelope Id: 4306FD74-1011-4FAF-B549-BFA8377D1712

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Carl Bean Men's Health and Wellness Center-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 31

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.19.25

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/25/2025 2:59:02 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

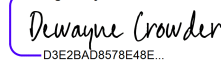
Dewayne Crowder

dewaynec@menshealthcenter.org

Security Level: Email, Account Authentication
(None)

Signature

Signed by:


D3E2BAD8578E48E...

Signature Adoption: Pre-selected Style

Using IP Address:

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Timestamp

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Resent: 6/30/2025 11:49:26 AM

Resent: 7/1/2025 12:11:40 PM

Viewed: 7/1/2025 10:35:05 PM

Signed: 7/1/2025 10:35:41 PM

Electronic Record and Signature Disclosure:

Accepted: 7/1/2025 10:35:05 PM

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Rudolph H Carn

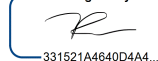
rudyc@menshealthcenter.org

President/Board Chair

Carl Bean Men's Health and Wellness Center

Security Level: Email, Account Authentication
(None)

DocuSigned by:


331521A4640D4A4...

Signature Adoption: Drawn on Device

Using IP Address:

2601:c8:200:b350:68d3:3447:af3b:55ca

Sent: 7/1/2025 10:35:44 PM

Viewed: 7/1/2025 11:41:41 PM

Signed: 7/1/2025 11:44:43 PM

Electronic Record and Signature Disclosure:

Accepted: 7/1/2025 11:41:41 PM

ID: afa3dd4d-36d1-4350-b24c-e7195cb809a2

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 45.20.200.178

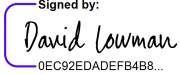


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Signed: 7/3/2025 11:43:29 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Stanley Wilson Stanley.Wilson@fultoncountyga.gov Director Stanley Wilson Security Level: Email, Account Authentication (None)	DocuSigned by:  5E4D76DFB4A0450... Signature Adoption: Pre-selected Style Using IP Address: 75.43.132.102	Sent: 7/3/2025 11:43:31 AM Viewed: 7/3/2025 12:35:16 PM Signed: 7/3/2025 12:35:25 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 7/3/2025 12:35:27 PM Resent: 7/10/2025 10:20:25 AM Resent: 7/17/2025 9:50:20 AM Resent: 7/21/2025 12:32:55 PM Viewed: 7/21/2025 2:44:54 PM Signed: 7/21/2025 2:46:35 PM
Electronic Record and Signature Disclosure: Accepted: 7/21/2025 2:44:54 PM ID: b5dd84dd-6f67-4037-a6c2-52b985dbdb54		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 7/21/2025 2:46:38 PM Viewed: 7/21/2025 2:48:14 PM Signed: 7/21/2025 2:49:11 PM
Electronic Record and Signature Disclosure: Accepted: 7/21/2025 2:48:14 PM ID: 3a5b1996-652d-446b-8bf4-f96948033c87		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 68.208.197.4	Sent: 7/21/2025 2:49:13 PM Viewed: 7/21/2025 2:50:30 PM Signed: 7/21/2025 2:50:55 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  BA715B1A26544E7... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 7/21/2025 2:50:59 PM Viewed: 7/21/2025 3:16:23 PM Signed: 7/21/2025 3:16:31 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  EEC476C4837648D...  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 7/21/2025 3:16:34 PM Viewed: 7/21/2025 3:55:13 PM Signed: 7/21/2025 3:55:25 PM

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 134.231.232.249	Sent: 7/21/2025 3:55:29 PM Viewed: 7/23/2025 11:56:45 AM Signed: 7/23/2025 11:56:57 AM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/25/2025 3:02:55 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/25/2025 3:02:55 PM Resent: 7/23/2025 11:57:06 AM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/25/2025 3:02:56 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/23/2025 11:57:01 AM Viewed: 7/24/2025 11:18:50 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/25/2025 3:02:55 PM
Envelope Updated	Security Checked	7/14/2025 3:33:40 PM
Certified Delivered	Security Checked	7/23/2025 11:56:45 AM
Signing Complete	Security Checked	7/23/2025 11:56:57 AM
Completed	Security Checked	7/23/2025 11:57:01 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

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

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Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

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

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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

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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 and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

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

Required hardware and software

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

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.