



**FULTON
COUNTY**

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

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 **Giving Health Inc.** (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:

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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, 2. Programs addressing mental health depression stress trauma and anxiety among individuals, 5. Programs focusing on financial literacy and wellness

Homelessness: Not Applicable

Senior Services: Not Applicable

Giving Health Inc., Free Telehealth Program for Fulton County's Low-Income, Uninsured

Residents 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: 06/01/2025

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
Giving Health Office (program services are provided virtually)	12600 Deerfield Parkway, Suite 100	Alpharetta	GA	30004	2	1,2,3,4,5,6

Approach and Design:

Giving Health Inc., Free Telehealth Program for Fulton County's Low-Income, Uninsured Residents will provide services to **160** clients that reside in Fulton County, with CSP funding.

Giving Health Inc., Free Telehealth Program for Fulton County's Low-Income, Uninsured Residents **will provide the following activities and services in Fulton County with CSP funding:**

Giving Health chooses the following KPIs #2 - “Prevent health disparities by educating residents and connecting them to available resources”:

-Number of uninsured adults and children

Fulton County is the most populated county in Georgia. While the general population is younger, more diverse, higher-income earning, and more educated as compared to across the state, there are specific populations that experience barriers to being healthy, higher disease rates, and higher death rates. Underinsured and uninsured residents are one of the identified populations experiencing these barriers to health and wellness. According to 2023 US Census Data, 10.7% of the population of Fulton County (under the age of 65) does not have health insurance. Based on a population estimate of 1,079,105 this equates to 100,338 people. Lack of health insurance adversely impacts access to health care services for low-income uninsured residents who do not qualify for Medicaid or Affordable Care Act subsidies. These individuals are less likely to have a primary care home or access to counseling services, affordable medications, or advanced medical treatment. They over-utilize the ER for non-emergency needs, are at higher risk of developing chronic conditions, and many experience shorter life expectancies than those living in wealthier nearby communities. Giving Health’s virtual Telehealth program offers a unique, innovative approach for delivering healthcare and other services to hard-to-reach populations. Our program overcomes the biggest challenges to equitable healthcare access: lack of health insurance, high cost of care, transportation constraints, and shortage of healthcare providers in underserved communities. Fulton County Residents participating in Giving Health’s Telehealth Program will receive support for the following care needs: Virtual Urgent Care, Virtual Primary Care, and access to discount prescription medications. **By providing free, on-demand access to Giving Health’s Telehealth Program, we will help prevent health disparities for 160 low-income, uninsured Fulton County residents during 2025 by connecting them to a Georgia-licensed physician and/or access to needed medications to address their medical needs.**

-Number of people who receive behavioral health services

Georgia ranks near the bottom nationally for health care access and affordability. It has one of the largest low-income uninsured populations estimated at more than 600,000 residents who struggle to access basic medical and mental health care. Mental health is a key component of overall health and is closely linked to physical health (<https://www.cdc.gov/mental-health/about/index.html>). According to research conducted by US News & World Report, 13.8% of Fulton County adults indicate they experience “frequent mental distress” (<https://www.usnews.com/news/healthiest-communities/georgia/fulton-county>). Despite this, many individuals do not seek the mental health care they need, be it due to stigma, lack of access to affordable care, or not recognizing their need to seek treatment. A recent report by the American Psychological Association indicates that nearly 40% of adults not seeking mental health services reported that they could not afford the cost (<https://www.apa.org/monitor/2020/07/datapoint-care>). In addition, Fulton County is experiencing shortages of healthcare providers, for primary care, mental health, and dental care. According to Piedmont Hospital’s 2022 CHNA Report, there was one mental health provider for every 269 people within the county, a measure worse than both the state rate (1:146) and the national rate (1:262) (<https://www.piedmont.org/media/file/2022-11-PAH-Community-Health-Needs-Assessment.pdf>). Giving Health’s Telehealth Service overcomes these barriers to care for our county’s most vulnerable residents. Our Free service provides low-income, uninsured Fulton County residents with the following care needs: Virtual Counseling services to address ongoing needs as well as on-call crisis counseling to address “in the moment” needs. The licensed counselors and marriage and family therapists in the Giving Health program have at least 5

years of experience and a master’s degree in their chosen profession. Members can select counselor preferences by race, gender, ethnicity, or faith group. Sessions are conducted via phone or video, and last 50 minutes. This service does not prescribe medications. **By providing free, on-demand access to Giving Health’s Telehealth Program, we will support 160 low-income, uninsured residents of Fulton County with access to a Georgia-licensed counselor to address their specific mental health needs.**

-Percentage of residents who experience food insecurity

Food insecurity happens when an individual or a family does not have the needed financial resources to be able to eat regularly. Neighborhood conditions, lack of transportation, and distance from a supermarket can also affect a person’s physical access to food. Communities that lack nutritious and affordable foods are often referred to as “food deserts.” In Fulton County, there are 44 food desert census tracts, representing nearly 210,000 people who do not have access to healthy foods (Piedmont Atlanta Hospital FY22 Community Health Needs Assessment). The majority of these “food deserts” are located within South Fulton County. Fulton County’s Food Insecurity Rate is 16.7%, however, many of these individuals do not qualify for public assistance programs (SNAP, WIC, etc). Giving Health’s Social Care program addresses the non-medical social factors that, left unattended, can adversely impact physical and mental health. Our program assists members with housing, food, utility, transportation, and employment assistance requests. These social factors have a direct impact on the health of our members and our work addressing these core needs is a vital part of our program. **By providing free, on-demand access to Giving Health’s Telehealth Program, 160 low-income, uninsured residents of Fulton County will be offered supportive services to address food assistance and other social care needs.**

Giving Health chooses the following CSP funding priorities, as identified by the primary service category selected (Health and Wellness Service Category):

CSP Funding Priority #1: Prevent illness and health disparities by educating and connecting individuals to available resources

Giving Health is the only non-profit providing FREE 24x7 on-demand access to virtual medical care for vulnerable populations across Georgia. Our program provides members with free access to Georgia licensed physicians for non-emergent medical needs, as well as discount pharmacy and social services. Each household membership includes a primary account holder and up to 7 family members at no cost. To qualify, members must live at or below 200% of the FPL and have no health insurance. Giving Health’s service can be accessed via phone, mobile device, or computer, ensuring no geographic or technology constraints affect program delivery. Our target demographic are low-income, uninsured residents living in underserved communities including communities of color who struggle with poor healthcare access. Many of our members have no primary care home. Our innovative program overcomes the biggest challenges to equitable healthcare access, such as lack of health insurance, high cost of care, transportation and technology constraints, and shortage of healthcare providers in underserved communities. 160 low-income, uninsured Fulton County residents supported by this grant funding will receive the following care needs: Virtual Primary Care, Virtual Urgent Care, Social Care Services, and access to discount prescription medications.

CSP Funding Priority #2: Programs addressing mental health, depression, stress, trauma, and anxiety among individuals

A Kaiser Family Foundation survey found that 4 in 10 adults (43%) in the U.S. reported that they or a family member in their household put off or postponed needed healthcare due to cost (<https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/>). Giving Health is the only entity in Georgia delivering free, on-demand, 7x24 virtual medical and mental healthcare statewide to individuals and families in need. Giving Health's Telehealth Program includes FREE 24x7 on-demand access to virtual mental health care services. 160 low-income, uninsured Fulton County residents supported by this grant funding will receive the following care needs: Virtual Counseling services, to address ongoing needs; and on-call crisis counseling, to support "in the moment" needs. The licensed counselors and marriage and family therapists in the Giving Health program have at least 5 years of experience and a master's degree in their chosen profession. Members can select counselor preferences by race, gender, ethnicity, or faith group. Sessions are conducted via phone or video, and last 50 minutes. This service does not prescribe medications.

CSP Funding Priority #5: Programs focusing on financial literacy and wellness.

Giving Health's Social Care program screens for various non-medical social factors like employment/income, housing, food, utility, and transportation insecurities that, if left unattended, can have an adverse long-term impact on a person's physical and mental health. The significant needs conveyed to Giving Health by our members prompted us to create our first volunteer program that is focused on social services advocacy to address these challenges. Initially staffed by 12 undergraduate and postgraduate students in various healthcare disciplines, Giving Health assisted members with employment assistance, housing, food, utility, and transportation requests. Our caring team works diligently to help members secure supportive services to address their pressing need(s). Many members present with complex life circumstances that don't lend themselves to quick resolution. Additionally, many members request support for multiple social care needs. Recent surveys indicate food assistance was the leading need at 27%, followed by housing (25%), utilities (15%), employment (13%), and transportation assistance (11%). Through participating in our Social Care program, members are guided on how to navigate community support services, and where appropriate, they are provided resources to learn how to better manage their finances, thereby reducing their financial stress. The social care needs addressed by Giving Health have a direct impact on our members' overall wellness, and our work addressing these core needs is a vital part of our Telehealth Program.

Member Testimonials

- *"I am very pleased with the services provided. I would have gone untreated and suffered without the free medical help that was given to me. Thank you."*
- *"This program was a life saver! Having such limited access to healthcare...has made life full of stress and anxiety...This program allowed us to get the immediate care that we've been missing for quite some time...100% recommend."*
- *"I am so grateful for your services. I have no insurance and cannot afford it. I go to a clinic and they are great, but they have set hours and are not always available."*
- *"Very prompt in contacting me when I needed your services, very helpful in doing everything possible to get my meds, seem very concerned and caring of my overall needs. Thank you."*
- *"My counselor was very helpful. She was kind, patient and understanding. She provided great advice and suggestions for me which have been very beneficial to me."*

- *“When I was struggling a lot mentally due to some issues, telehealth helped me a lot. I couldn’t afford a psychologist and the counselor really changed my perspective and helped me recover from that situation. Thank you!”*
- *“I have been provided excellent care each time I’ve accessed the doctors and counselors through Giving Health. The providers were also prompt and compassionate.”*

Giving Health has built and maintained the following partnerships that support our mission:

- Georgia Charitable Care Network (GCCN)
- GA Core
- North Fulton Community Charities
- The Drake House
- Community Assistance Center of Sandy Springs
- Westside Connect Collaborative of Social Services Providers
- Good Samaritan Health Center of Atlanta
- The Mercy Ministries
- Mercy Health Center
- Urban Clinic of Atlanta
- The Giving Kitchen
- Our House Health
- West Hunter Street Baptist Church
- Crossroads Turning Point
- Center for Black Women’s Wellness

Designation of CSP Funds:

Based on the awarded amount of **\$40,000.00**, 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.)	\$2,000.00
Operational (25% Operational max of total funds awarded.)	\$8,500.00
Direct Services	\$29,500.00
<i>Total</i>	\$40,000.00

Explanation of Funding Details:

Giving Health requests \$40,000 from the Fulton County Community Service Program for the following expenses:

- \$2,000 to support a portion of the \$60,000 salary of Giving Health's Executive Director for grant administration
- \$1,500 to support a portion of annual expenses for grant writing services related to Fulton County 2025 CSP grant
- \$1,737 to support a portion of annual expenses for professional financial services
- \$3,500 to support a portion of annual expenses for insurance
- \$1,000 to support a portion of annual expenses for business software/subscriptions
- \$763 to support a portion of annual expenses for office rent
- \$5,000 to support a portion of the \$41,840 salary of Giving Health's Mental Health Program Specialist
- \$3,000 to support a portion of the \$33,600 salary of Giving Health's Virtual Primary Care Program Specialist
- \$5,000 to support a portion of the \$41,440 salary of Giving Health's Social Care Program Specialist

- \$1,500 to support a portion of the \$15,000 salary of Giving Health's Member Enrollment Specialist
- \$3,724 to support a portion of annual expenses for provider fees for Mental Health services
- \$2,551 to support a portion of annual expenses for provider fees for Urgent Care Medical services
- \$2,500 to support a portion of annual access fee of \$200 per year per patient for Virtual Primary Care Program (target 25 Fulton County residents to participate in this program June – December 2025)
- \$625 to support fees of \$25 per patient for medical consult for VPC program (target 25 Fulton County residents with one consult per patient)
- \$750 to support fees of \$30 per patient for bloodwork/labs (target 25 Fulton County residents with one bloodwork/lab each per year)
- \$4,850 to support a portion of annual Technology Platform expenses

The budgetary schedule for the Fulton County Consolidated Community Services Program grant request of \$40,000 is:

Reporting Period 1 (January 1 – June 30): \$14,057

Administrative Services:

- \$500 to support a portion of the \$60,000 annual salary of the Executive Director, Michael Giglio, for grant administration

Operational Expenses: \$3,857 to support the following:

- \$3,500 to support a portion of annual expenses for insurance
- \$248 to support a portion of annual expenses for professional financial services
- \$109 to support a portion of annual expenses for office rent

Direct Services \$9,700 to support the following:

- \$800 to support a portion of the \$41,840 salary of Giving Health's Mental Health Program Specialist
- \$500 to support a portion of the \$33,600 salary of Giving Health's Virtual Primary Care Program Specialist
- \$800 to support a portion of the \$41,440 salary of Giving Health's Social Care Program Specialist
- \$250 to support a portion of the \$15,000 salary of Giving Health's Member Enrollment Specialist
- \$2,500 to support a portion of annual access fee of \$200/year per patient for the Virtual Primary Care Program (target 25 Fulton County residents to participate in this program June -December 2025)
- \$4,850 to support a portion of annual Technology Platform expenses

Reporting Period 2 (July 1 – December 31): \$25,943

Administrative Services:

- \$1,500 to support a portion of the \$60,000 annual salary of the Executive Director, Michael Giglio, for grant administration

Operational Expenses: \$4,643 to support the following:

- \$1,500 to support a portion of annual expenses for grant writing services related to 2025 Fulton County CSP grant
- \$1,000 to support a portion of annual expenses for business software/subscriptions
- \$1,489 to support a portion of annual expenses for professional financial services
- \$654 to support a portion of annual expenses for office rent

Direct Services \$19,800 to support the following:

- \$4,200 to support a portion of the \$41,840 salary of Giving Health's Mental Health Program Specialist
- \$2,500 to support a portion of the \$33,600 salary of Giving Health's Virtual Primary Care Program Specialist
- \$4,200 to support a portion of the \$41,440 salary of Giving Health's Social Care Program Specialist
- \$1,250 to support a portion of the \$15,000 salary of Giving Health's Member Enrollment Specialist
- \$3,724 to support a portion of annual expenses for provider fees for Mental Health services
- \$2,551 to support a portion of annual expenses for provider fees for Urgent Care Medical services
- \$625 to support fees of \$25 per patient for medical consult for VPC program (target 25 Fulton County residents with one consult per patient)
- \$750 to support fees of \$30 per patient for bloodwork/labs (target 25 Fulton County residents with one bloodwork/lab each per year)

Funding from this request will support expenses Giving Health incurs to implement our Free Telehealth Program for Low-Income, Uninsured Residents of Fulton County in 2025.

Giving Health - Free Telehealth Program for Low-Income, Uninsured Residents - Program Budget

Income

- Individual Contributions: \$55,000
- Grants/Foundations: \$342,500
- General Donations: \$2,528
- Total Program Income: \$400,028

Expenses

- Salaries & Benefits – Executive Director \$60,000
- Grant Writing Services \$22,500
- Insurance \$12,000
- Professional Financial Services and Audit \$31,000
- Software/Subscriptions \$2,040
- Office Supplies \$1,500
- Rent: \$6,000
- Travel: \$2,500
- Bank Fees \$2,200
- Program Service Staff Salaries: \$131,880
- Provider Fees – Telemedicine Program \$22,381
- Provider Fees – Telemental Program \$41,351
- Program Fees & Labs for Virtual Primary Care \$46,460
- Technology Platform Expenses \$20,416
- Total Program Expense \$400,228

Program Performance Measures:

Giving Health Inc. 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

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:

Through Giving Health’s suite of program services, the organization will attain the following Fulton County defined performance measures under the Health & Wellness Service Category in 2025:

- **Number of individuals connected to available resources to help mitigate illness and health disparities.** 160 low-income, uninsured Fulton County residents will achieve this metric.
- **Number of individuals receiving referrals to behavioral health and other supportive services:** 90 Fulton County residents will achieve this metric.
- **Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures.** 120 Fulton County residents will achieve this metric.

Milestones and a schedule for Performance Measurements identified above are as follows:

Objective	Reporting Period 1 (January – June)	Reporting Period 2 (July – December)
Number of individuals connected to available resources to help mitigate illness and health disparities.	25 low-income, uninsured Fulton County residents will achieve this metric.	135 low-income, uninsured Fulton County residents will achieve this metric.
Number of individuals receiving referrals to behavioral health and other supportive services.	10 Fulton County residents will achieve this metric.	80 Fulton County residents will achieve this metric.
Number of individuals who report or demonstrate improved health-related outcomes or other “quality of life” measures.	10 Fulton County residents will achieve this metric.	110 Fulton County residents will achieve this metric.

Giving Health is a learning organization that actively collects and assesses data and engages users of our services through annual household surveys and post-encounter surveys. Utilization data and patient surveys allow Giving Health to track medical conditions treated, prescriptions ordered, user demographics, and catalog diversions away from unnecessary hospital emergency room, urgent care, or retail clinic visits. Evaluation of this data enables us to identify areas for continuous program improvement and service expansion opportunities.

Giving Health evaluates program success based on the following data:

- Number of participants (primary member and immediate family) registered
- Number of medical utilizations and conditions treated
- Number of consultations that prompted a prescription
- Number of households that leverage counseling and needs served
- Individual and healthcare system savings associated with the number of consultations that prevented unnecessary visits to the hospital emergency room, urgent care, or retail clinic visits
- Number of individuals referred to specialty care and/or social services
- Patient satisfaction indicated by surveys administered by Giving Health (with the objective of attaining a 90% satisfaction rating or better)

Recent surveys report 96% satisfaction with our virtual medical and counseling services. Last year, Giving Health provided more than 1,500 consultations, saving an estimated \$828,048 in healthcare costs for our members and the healthcare system due in large part to diversions away from unnecessary ER, Urgent Care, and retail clinic visits. 39% of members indicated they would have forgone care without our services. Since our founding, we estimate that Giving Health has saved members and the healthcare system over \$2.7 million in out-of-pocket or non-reimbursable medical expenses.

Agency Defined Performance Measure(s):

Through Giving Health's suite of program services, the organization will attain the following agency defined performance measures under the Health & Wellness Service Category in 2025:

- **Number of community partners engaged with Giving Health, to increase community awareness and program participation within Fulton County.** 10 Community Partners will achieve this metric.

- **Number of low-income, uninsured Fulton County residents receiving healthcare referrals or financial aid supportive services through participation in Giving Health’s Virtual Primary Care Program.** 20 Fulton County residents will achieve this metric.
- **Number of unnecessary visits to ER, Urgent Care, or Retail Clinic prevented annually through member participation in Giving Health’s Telehealth Program.** 175 unnecessary visits diverted in 2025 will achieve this metric.

Milestones and a schedule for Performance Measurements identified above are as follows:

Objective	Reporting Period 1 (January – June)	Reporting Period 2 (July – December)
Number of community partners engaged with Giving Health, to increase community awareness and program participation within Fulton County.	5 Community Partners will achieve this metric.	5 Community Partners will achieve this metric.
Number of low-income, uninsured Fulton County residents receiving healthcare referrals or financial aid supportive services through participation in Giving Health’s Virtual Primary Care Program.	0 Fulton County residents will achieve this metric.	20 Fulton County residents will achieve this metric.
Number of unnecessary visits to ER, Urgent Care, or Retail Clinics prevented annually through member participation in Giving Health’s Telehealth Program.	25 unnecessary visits diverted in 2025 will achieve this metric.	150 unnecessary visits diverted in 2025 will achieve this metric.

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 **\$40,000.00**.

(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:

Giving Health Inc.
12600 Deerfield Parkway Suite 100
Alpharetta, Georgia 30004

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 **Giving Health Inc.**, 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.



F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Giving Health Inc.
Project No. and Project Title:	#25RFP020325C-MH 2025 Community Services Program

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:

1741256

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

Sep 23, 2021

Date of Authorization


Giving Health, Inc.

Authorized Officer or Agent
(Name of Contractor)

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

Michael Giglio

Printed Name (of Authorized Officer or Agent of Contractor)


Signature (of Authorized Officer or Agent)

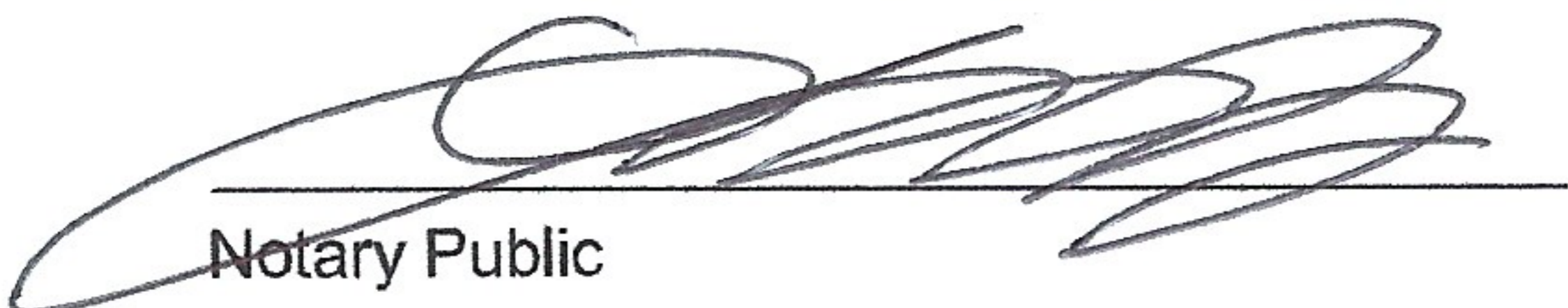
Giving Health Executive Director

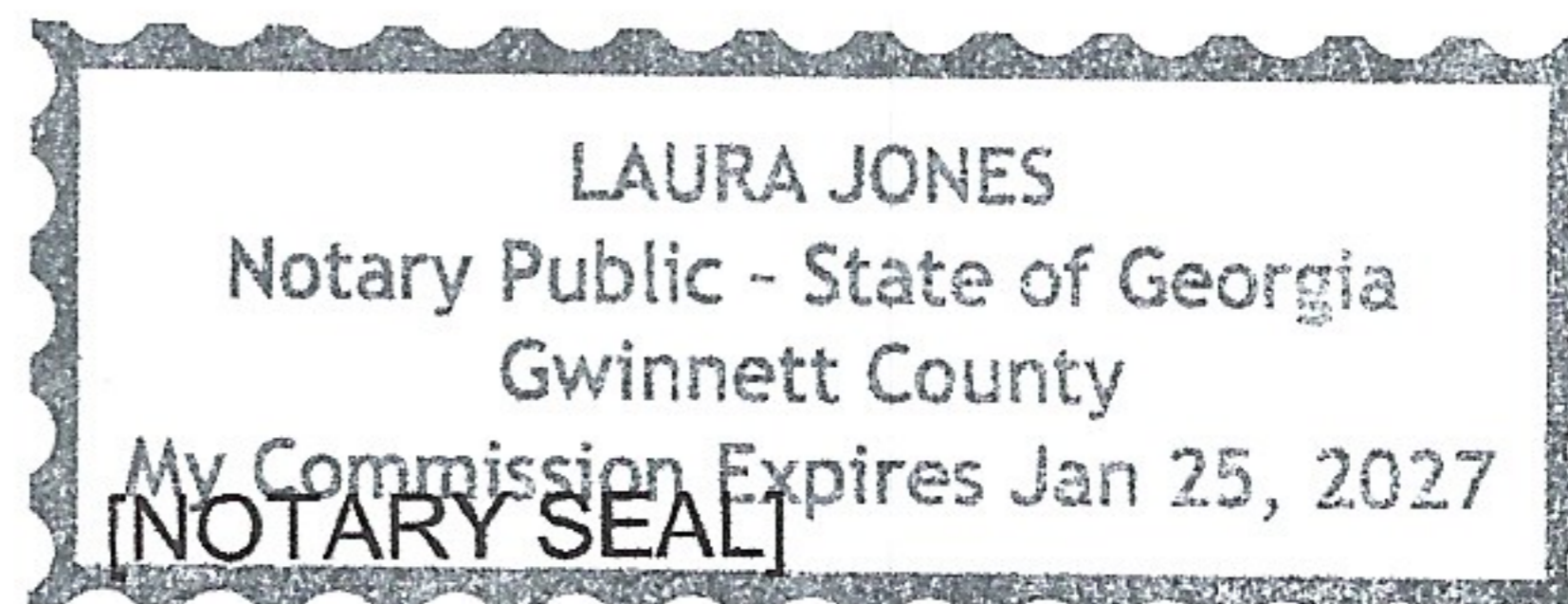
Title (of Authorized Officer or Agent of Contractor)

03/01/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

01 DAY OF March, 2025


Notary Public



My Commission Expires: 25 January 2027

* 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:	Giving Health Inc.
Project No. and Project Title:	#25RFP020325C-MH 2025 Community Services Program

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.

1801911

02/28/2022

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

Date of Authorization

First Check Applicant Screening (Employment contractor for CuraLinc Health Care)

Authorized Officer of Agent
(Name of Subcontractor)

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

Nancy Alonso

VP of Human Resources, CuraLinc Health Care

Printed Name (of Authorized Officer or Agent of Contractor)

Title (of Authorized Officer or Agent of Contractor)

Nancy Alonso
Signature (of Authorized Officer or Agent)

02/17/2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

20th DAY OF February, 2025

Notary Public

[NOTARY SEAL]

My Commission Expires: 05/25/2026



* 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:	Giving Health Inc.
Project No. and Project Title:	#25RFP020325C-MH 2025 Community Services Program

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.

1754875

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

MyTelemedicine, Inc

Authorized Officer of Agent
(Name of Subcontractor)

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

Wayne Orchard

Printed Name (of Authorized Officer or Agent of Contractor)

Wayne Orchard
Signature (of Authorized Officer or Agent)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

5 DAY OF March, 2025
Judy Rhoades
Notary Public

My Commission Expires: 020328

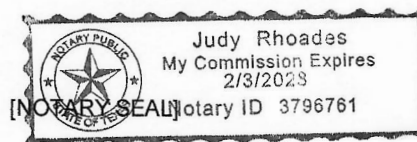
11/02/2021

Date of Authorization

EVP, MyTelemedicine, Inc

Title (of Authorized Officer or Agent of Contractor)

3/5/2025
Date Signed



* 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)

5/30/2025

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).

PRODUCER Yates, LLC 2800 Century Parkway NE Suite 300 Atlanta GA 30345	CONTACT NAME: PHONE (A/C, No, Ext): 404-633-4321 FAX (A/C, No): 404-633-1312 E-MAIL ADDRESS: certs@yatesins.com
INSURER(S) AFFORDING COVERAGE	
INSURED Giving Health, Inc. 12600 Deerfield Parkway, Suite 100 Alpharetta GA 30004	INSURER A: Landmark American Insurance Company INSURER B: Kinsale Insurance Company INSURER C: Technology Insurance Company, Inc. INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 561200919**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:			LHC865003	2/21/2025	2/21/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 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) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100373575-0	5/29/2025	2/21/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC4627155	3/1/2025	5/19/2026	<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
A	Professional Liability			LHC865003	2/21/2025	2/21/2026	\$1,000,000 Agg \$2,500 Ded

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

Subject to policy terms, conditions, forms and exclusions, Fulton County Government as Additional insured is/are Primary & Non-Contributory with a Waiver of Subrogation in favor of General Liability as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 141 Pryor St SW
 Atlanta, GA 30303-3408

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Certificate of Insurance Waiver Request Form



Instructions:

Please complete each field of the COI waiver request form for the insurance coverage for which a waiver is being requested. If there are multiple requests, a new form must be used for each request. All completed waiver request forms should be emailed to your assigned District Administrator. An approved waiver form must be included as part of the COI document and uploaded to WebGrants under "Other Supporting Documents."

Date: 5/27/2025

Requesting Agency/Company: Giving Health Inc

Contact Name: Michael Giglio

Phone Number: 770-715-4493

Email Address: michael.giglio@givinghealth.org

Reason for Requesting Waiver (Please provide a detailed explanation):

Giving Health is a virtual organization. We do not own, lease, or use hired vehicles
and we do not use vehicles to deliver our services. All of our employees work from
home. Therefore, Giving Health requests a waiver of Business Automobile Liability Insurance.

Acknowledgment and Signature

By signing below, I acknowledge that our agency is requesting a waiver of the Certificate of Insurance requirement. I understand that this request must be reviewed and approved by management, and that a waiver may not be granted in all cases.

Signature: Michael Giglio

Title: Executive Director

Date: 5/27/2025

For Internal Use Only

Waiver Approved: ☐ Yes ☐ No **(YES)**

Reviewed By: _Cherie Williams

Date: June 10, 2025

Comments (if waiver is rejected or additional action is required):


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 **Giving Health Inc.**

DocuSigned by:

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

Signed by: Name of Signatory: Michael Giglio

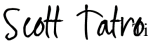
Title of Signatory: Executive Director
525E2B1F279D421...
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

Signed by: Name of 2nd Signatory: **Scott Tatro**

Title of 2nd Signatory: **Co founder Board Sec.**
68CAFD04546A441...
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

☒ 2ND RM

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

Certificate Of Completion

Envelope Id: 2E5BFF60-C827-43D6-9460-1711F346D541

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Giving Health Inc.-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 32

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 2

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: 172.56.71.183

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/17/2025 2:13:07 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Michael Giglio

michael.giglio@givinghealth.org

Executive Director

Giving Health, Inc

Security Level: Email, Account Authentication
(None)

Signed by:

Michael Giglio
525E2B1F279D421...

Sent: 6/17/2025 2:28:17 PM

Viewed: 6/17/2025 4:36:00 PM

Signed: 6/18/2025 8:19:01 PM

Signature Adoption: Pre-selected Style

Using IP Address:

2601:cb:4280:d9f0:451:7ac9:d5d:70ba

Electronic Record and Signature Disclosure:

Accepted: 6/17/2025 4:36:00 PM

ID: c7120d1e-e5b3-44f1-900f-f7b8e74b4a40

Scott Tatro

scott.tatro@givinghealth.org

Security Level: Email, Account Authentication
(None)

Signed by:

Scott Tatro
68CAFD04546A441...



Sent: 6/18/2025 8:19:05 PM

Viewed: 6/19/2025 12:37:52 PM

Signed: 6/19/2025 1:55:44 PM

Signature Adoption: Pre-selected Style

Using IP Address:

2601:cd:ce80:4350:e585:1068:9985:d464

Electronic Record and Signature Disclosure:

Accepted: 6/19/2025 12:37:52 PM

ID: eb505a01-cb9e-4e17-b9c3-f7c7ea00139a

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

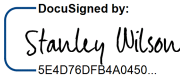
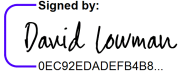
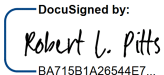
Sent: 6/19/2025 1:55:47 PM

Viewed: 6/20/2025 9:02:05 AM

Signed: 6/20/2025 9:02:21 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: 6/20/2025 9:02:24 AM Viewed: 6/20/2025 9:03:14 AM Signed: 6/20/2025 9:03:23 AM
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: 2601:cd:cc80:7e10:c60:639d:eb4:8202	Sent: 6/20/2025 9:03:26 AM Viewed: 6/20/2025 3:42:00 PM Signed: 6/20/2025 3:44:28 PM
Electronic Record and Signature Disclosure: Accepted: 6/20/2025 3:42:00 PM ID: e615b271-698e-4f0a-a80e-a715e5c95211		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 24.99.192.18	Sent: 6/20/2025 3:44:33 PM Viewed: 6/20/2025 4:00:24 PM Signed: 6/20/2025 4:02:23 PM
Electronic Record and Signature Disclosure: Accepted: 6/20/2025 4:00:24 PM ID: 1924b38f-6dcc-485f-acbe-27d6c875073a		
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: 66.56.23.82	Sent: 6/20/2025 4:02:26 PM Resent: 6/23/2025 9:09:30 AM Resent: 6/24/2025 9:41:40 AM Resent: 6/25/2025 1:03:18 PM Viewed: 6/27/2025 3:21:26 PM Signed: 6/27/2025 3:21:54 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: 6/27/2025 3:21:59 PM Resent: 6/30/2025 11:58:02 AM Viewed: 6/30/2025 12:10:34 PM Signed: 6/30/2025 12:10:39 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: 6/30/2025 12:10:43 PM Viewed: 7/1/2025 9:47:41 AM Signed: 7/1/2025 9:47:56 AM

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: 45.20.200.178	Sent: 7/1/2025 9:48:00 AM Resent: 7/3/2025 10:42:47 AM Viewed: 7/9/2025 10:27:08 AM Signed: 7/9/2025 10:27:13 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: 6/17/2025 2:28:16 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: 6/17/2025 2:28:16 PM Resent: 7/9/2025 10:27:23 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: 6/17/2025 2:28:16 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/9/2025 10:27:18 AM Viewed: 7/11/2025 9:53:30 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/17/2025 2:28:16 PM
Certified Delivered	Security Checked	7/9/2025 10:27:08 AM
Signing Complete	Security Checked	7/9/2025 10:27:13 AM
Completed	Security Checked	7/9/2025 10:27:18 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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

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