



CONTRACT DOCUMENTS FOR
SWC#99999-SPD-0000136-008
Temporary Staffing Services

For
Department of Community Development

Contract Agreement

This Agreement for temporary staffing services for the is made and entered into by and between **FULTON COUNTY, GEORGIA**, a political subdivision of the State of Georgia, hereinafter referred to as “County” and **CORPORATE TEMPS, INC.** hereinafter referred to as “**Corporate Temps**” or “Contractor”, authorized to transact business in the State of Georgia.

Contract Documents

County and Vendor agree that the Agreement consists of the following contract documents:

- I. Form of this Contract Agreement
- II. Terms and Conditions of Georgia Department of Administrative Services (Statewide Contract Number SWC#99999-SPD-0000136-0008.
- III. Attachment A, Scope of Work
- IV. Attachment B, Compensation
- V. Attachment C, Service Level Agreement substituting Fulton County or (“County”) for “State” or “DOAS”.
- VI. Exhibit 1, Fulton County 2024 Pay and Holiday Schedule
- VII. Exhibit 2, Certificate of Insurance
- VIII. Exhibit 3, Georgia Security and Immigration Contractor Affidavit and Agreements

This Agreement was approved by the Fulton County Board of Commissioners on June 26, 2024, BOC Item #24-0413 In the amount of \$122,730.60.

Contract Term

The contract will commence upon BOC approval through December 31, 2024.

Indemnification

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

- a) Bodily injury, sickness, disease, or death; or injury to or destruction of tangible property including the loss of use resulting therefrom; or any other damage or loss or claims arising out of or resulting in whole or part from any actual or alleged act or omission of the Contractor, subcontractor, anyone directly or indirectly employed by any firm or subcontractor; or anyone for whose acts any of them may be liable in the performance of the Contract Services;

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

Insurance

Corporate Temps agrees to obtain and maintain insurance coverage pursuant to and based upon the Terms and Conditions of the Georgia Department of Administrative Services Statewide Contract Number 99999-SPD-0000136-0008. Corporate Temps agrees to maintain insurance coverage during the entire term of this Agreement. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

Notices

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

By the County to:

Director
Department of Community Development
137 Peachtree Street, SW
Atlanta, Georgia 30303
Attn: Stanley Wilson
Email: stanley.wilson@fultoncountyga.gov

With a copy to:

Chief Purchasing Agent
Department of Purchasing & Contract Compliance
130 Peachtree Street, S.W., Suite 1168
Atlanta, Georgia 30303
Attn: Felicia Strong-Whitaker
Email: felicia.strong-whitaker@fultoncountyga.gov

And by the County to:

National Key Accounts Manager
Corporate Temps, Inc.
5950 Live Oak Parkway, Suite 230.
Norcross, GA 30093
Attn: Renee White
Email: renee@corporatetemps.com

Cooperation with other Contractors

Contractor will undertake the Project in cooperation with and in coordination with other studies, projects or related work performed for, with or by County's employees, appointed committee(s) or other Contractors. Contractor shall fully cooperate with such other related Contractors and County employees or appointed committees. Contractor shall provide within his schedule of work, time and effort to coordinate with other Contractors under contract with County. Contractor shall not commit or permit any act, which will interfere with the performance of work by any other Contractor or by County employees. Contractor shall not be liable or responsible for the delays of third parties

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

OWNER:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

BA715B1A26544E7...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

DocuSigned by:

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

David Lowman

0EC92EDADEFB488...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Stanley Wilson

6E4D76DFB4A0460...

Stanley Morgan, Director
Department of Community Development

CONTRACTOR:

CORPORATE TEMPS, INC.

Renee White

National Key Accounts Manager

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

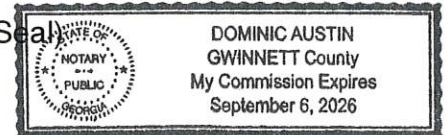
ATTEST:

Notary Public

County: Gwinnett

Commission Expires: 9-6-26

(Affix Notary Seal)



ITEM#: 24-0413 RCS: 6/26/2024

RECESS MEETING

ITEM#: RM:

REGULAR MEETING

ATTACHMENT A

SCOPE OF SERVICES

Scope of Services

The Agency shall provide temporary staffing services for the Community Development to provide the following positions:

1 - Senior Accountant

Job Duties:

- Prepare invoices for payment to include verification of funding, matching of documents (PO, invoice, contracts, etc.) and processing receivers
- Invoice processing (review invoice, create receiver/PVX, submit for payment)
- Perform inquiries in accounting software to track payment of invoices and report status to Program Managers
- Research invoice questions, respond to payment status inquiries, and resolve payment issues through email/telephone contact with Finance A/P, vendors, and staff members
- Prepare monthly account reconciliations and report discrepancies
- Generate monthly budget reports and save on shared drive
- Maintain a record of financial documents and reports on a shared drive
- Assist staff with vendor inquiries/registration

2 – Administrative Coordinator

Job Duties:

- Monitored homeless invoice email account.
 - Directed homeless invoices to respective project managers.
 - Managed invoice tracking spreadsheet.
- Completed contract execution via DocuSign.
- Set up meetings for agencies and meeting reminders for Ann Isaac.
- Send out general email correspondence to subrecipients.

3- Inspector

Job Duties:

- Review and inspect residential and commercial properties to ensure conformity to local, state, and federal codes and regulations.
 - Inspect existing properties for code compliance, prepare reports, issue violation notices, monitor contractors hired to perform grant-funded repairs, and prepare cases for court.
- Conduct field inspections of residential and commercial structures during Normal Hours of Work.
- Identifies code violations and needs corrective action.
- Maintains a comprehensive, current knowledge of applicable codes, regulations, and standards; reviews new codes and changes to existing codes

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

- Observed Holidays

The County observes the following holidays (see Exhibit 1):

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

- Pay Period

The Agency's pay periods shall coincide with the County's pay periods (See Exhibit 1).

- Automated Time and Attendance System
The Agency must utilize an automated time and attendance system in order to document employees' time and attendance.
- Work Locations Community Development 137 Peachtree Street Atlanta, GA 30303
Telework.

ATTACHMENT B

COMPENSATION

Services provided under Attachment A shall be compensated on an hourly rate basis for a total not to exceed the amount of \$122,730.60 (One Hundred Twenty-Two Thousand, Seven Hundred Thirty Dollars and Sixty Cents). The services provided shall be compensated on an hourly rate basis as detailed in the attached Position and Rate Schedule.

Positions and Prices

Cost from 5/1/2024 - 12/31/2024						
Position	# of Pos.	Bill Rate (p/hr)	OT Bill rate (p/hr)	Reg Hours	OT Hours	Total
Administrative Coordinator	1	\$ 26.80	\$ 40.20	1320	0.00	\$ 35,376.00
Inspector	1	\$ 25.46	\$ 38.19	930	0.00	\$ 23,677.80
Senior Accountant	1	\$ 48.24	\$ 72.36	1320	0.00	\$ 63,676.80
Grand Total						\$ 122,730.60

ATTACHMENT C

SERVICE LEVEL AGREEMENT



SERVICE LEVEL AGREEMENT

Scope of Work Requirement	Performance Goal	Reporting Requirement
Requisition to selection ratio Average time to submit at least three (3) and no more than five (5) qualified candidates.	Three (3) business days.	Quarterly
Selected candidates will be available to start and assignment in no more than two (2) weeks.	Pre-employment Screening will be completed within two (2) weeks of the selection.	Quarterly
Selected candidate will not be released within 1 week, due to misrepresentation of qualifications.	95% Satisfaction	Quarterly
Employee will provide no less than a two (2) week notice when ending an active assignment before the agreed upon end date.	95% Compliance	Quarterly
A replacement resource will be provided with a gap of no more than three (3) business days.	95% Compliance	Quarterly
Contract compliance with state and federal employment regulations, contractor performance, employment regulations, taxes and insurance.	100% Compliance	Annual audit report submitted to the DOAS Contract Administrator (unless otherwise requested)
Customer satisfaction results measuring effectiveness and responsiveness of Supplier to providing services within the scope of this contract.	No less than 90% Satisfaction	Quarterly
Supplier shall provide Contingent Workforce Labor to all current and potential sites within the Georgia for all job categories and must have strategies to meet employment demands rural and metro cities and counties. The quality of candidates must be consistent throughout the entire State.	No less than 90% Satisfaction	Quarterly
The supplier shall have a process to monitor for overcharges and to provide credits to the authorized user within no more than seven (7) business days.	100% Compliance	Quarterly

EXHIBIT 1

FULTON COUNTY 2024 PAY AND HOLIDAY SCHEDULE

FULTON COUNTY 2024 PAY AND HOLIDAY OBSERVANCES CALENDAR

 PAY DAY
 HOLIDAY
 PAY PERIOD ENDING



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

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

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













New Year's Day
Monday
January 1

MLK Jr. Day
Monday
January 15

President's Day
Monday
February 19

Memorial Day
Monday
May 27

Juneteenth
Wednesday
June 19

Independence Day
Thursday
July 4

Labor Day
Monday
September 2

Veterans Day
Monday
November 11

Thanksgiving
Thursday & Friday
November 28 & 29

Christmas Eve & Day
Tuesday & Wednesday
December 24 & 25

New Year's Eve
Tuesday
December 31

EXHIBIT 2

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
09/20/2023

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

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

PRODUCER Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, GA. 30052	CONTACT NAME: Alfonza Hatcher PHONE (A/C, No, Ext): 770-466-1133 E-MAIL: hatcherins@aol.com ADDRESS: <div style="display: flex; justify-content: space-between;"> <div>INSURER(S) AFFORDING COVERAGE</div> <div>NAIC #</div> </div> INSURER A : Philadelphia Indemnity Insurance Company 18058 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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INSURED Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross GA. 30093-1743	
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COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	Y		PHPK2579315	07/27/2023	07/27/2024	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 \$ 2,000,000.
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PHPK2579315	07/27/2023	07/27/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$	Y		PHUB873626	07/27/2023	07/27/2024	EACH OCCURRENCE \$ 4,000,000
	AGGREGATE \$ 4,000,000.						
	\$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
A	EMPLOYMENT PRACTICES LIABILITY			PHPK2579315	07/27/2023	07/27/2024	Each Incident Limits: \$ 1,000,000.
	Aggregate Limit: \$ 1,000,000.						

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

The "State of Georgia, Its officers, Employees and agents" are included as an additional insured under the Commercial General Liability, Automobile, Fidelity, Umbrella and Professional Liability Policies
 ---(RFP) Number: 99999-SPD0000136

CERTIFICATE HOLDER
CANCELLATION

Georgia Department of
 Administrative Services (DOAS)
 200 Piedmont Ave. SW
 Atlanta, GA. 30334

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 09/20/2023

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PRODUCER Hatcher Insurance Agency Inc. P.O. Box 2564 Loganville, GA. 30052		CONTACT NAME: Alfonza Hatcher PHONE (A/C, No, Ext): 770-466-1133 FAX (A/C, No): 770-466-1144 E-MAIL ADDRESS: hatcherins@aol.com	
INSURED Corporate Temps, Inc. 5950 Live Oak Pkwy. Suite 230 Norcross GA. 30093-1743		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 18058	

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> 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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	CYBER LIABILITY			PHSD1811838	07/27/2023	07/27/2024	EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000. \$ \$
A	PROFESSIONAL LIABILITY (E & O)	Y		PHPK2579315	07/27/2023	07/27/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000. \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	EMPLOYEE DISHONESTY (Fidelity Bond)			PHPK2579315	07/27/2023	07/27/2024	Each Incident Limits: \$ 3,000,000. Aggregate Limit: \$ 3,000,000.

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

The "State of Georgia, Its officers, Employees and agents" are Included as an additional insured under the Commercial General Liability, Automobile, Fidelity, Umbrella and Professional Liability Policies --- (RFP) Number: 99999-SPD0000136

CERTIFICATE HOLDER
CANCELLATION

Georgia Department of
 Administrative Services (DOAS)
 200 Piedmont Ave. SW
 Atlanta, GA. 30334

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AUTHORIZED REPRESENTATIVE

EXHIBIT 3

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

STATE OF GEORGIA

COUNTY OF Gwinnett**GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor 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 services¹ under a contract with **[insert name of prime contractor]** Corporate Temps on behalf of Fulton County Government has registered with and is participating in a federal work authorization program*,² in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services to this contract with Fulton County Government, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Fulton County Government at the time the subcontractor(s) is retained to perform such service.

121762
EEV/Basic Pilot Program* User Identification Number

Corporate Temps (Ullanda P. M.)
BY: Authorized Officer of Agent (Insert Contractor Name)

VP, National Accounts / Secretary
Title of Authorized Officer or Agent of Contractor

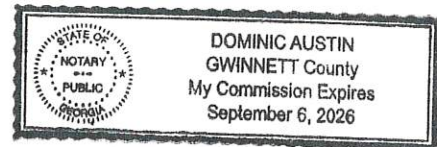
Bence White
Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this 27th day of June, 2024

Notary Public: Dominic Austin

County: Gwinnett

Commission Expires: 9-6-26



¹O.C.G.A. § 13-10-90(4), as amended by Senate Bill 160, provides that "physical performance of services" means any performance of labor or services for a public employer (e.g., Fulton County) using a bidding process (e.g., ITB, RFQ, RFP, etc.) or contract wherein the labor or services exceed \$2,499.99, except for those individuals licensed pursuant to title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for service to be rendered by such individual.

²[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].



Fulton County

Legislation Details

File #: 24-0413 **Version:** 1 **Name:**
Type: Consent - Health and Human Services **Status:** Agenda Ready
File created: 3/4/2024 **In control:** Board of Commissioners
On agenda: 6/26/2024 **Final action:**
Title: Request approval of a statewide contract, Community Development, SWC 99999-SPD-0000136-008, Temporary Staffing Services in an amount not to exceed \$122,730.60 with Corporate Temps 2000 (Norcross, GA) to continue temporary staffing services for the Department of Community Development. Effective upon BOC approval through December 31, 2024.
Sponsors:
Indexes:
Code sections:
Attachments: 1. Contractor Performance Report, 2. Cost Proposal, 3. Spreadsheet of Positions and Prices, 4. Corporate Temp2000.pdf

Date	Ver.	Action By	Action	Result
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