



**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 **Sickle Cell Foundation of Georgia** (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

Homelessness: Not Applicable

Senior Services: Not Applicable

Sickle Cell Foundation of Georgia, Georgia Community Connections will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

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

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
Sickle Cell Foundation of Georgia, Inc.	2391 Benjamin E. Mays Dr. SW	Atlanta	Georgia	30311	6	1,2,3,4,5

Approach and Design:

Sickle Cell Foundation of Georgia, Georgia Community Connections will provide services to **250** clients that reside in Fulton County, with CSP funding.

Sickle Cell Foundation of Georgia, Georgia Community Connections **will provide the following activities and services in Fulton County with CSP funding:**

This is a comprehensive description of the Georgia Community Connections Program (GCCP)!

Program Overview

- **Goal:** Improve health outcomes for Fulton County citizens, particularly those with sickle cell disease (SCD) and their families.
- **Focus:** Education, support, care coordination, and access to resources.
- **Alignment:** Addresses Health & Human Services Key Performance Indicators related to reducing health disparities and improving mental health and financial wellness.

Key Services

- **CHW-led Care Coordination:** Community Health Workers (CHWs) provide:
 - Intake assessments to identify needs.
 - Referrals to primary and specialty care (Grady, CHOA, Center of Hope).
 - Appointment assistance and follow-up.
 - Assistance with Medicaid and other insurance applications.
 - Connection to community resources (housing, transportation, etc.).
- **Mental Health Support:**

- "Learning, Living, Loving" group sessions for youth and adults.
- Integration of mental health into existing programs ("Ready, Set, Transition," "Free and Well," summer camp).
- Referrals to Project Rebound and Wellness Center for psychiatric consultations and psychotherapy.
- Collaboration with Andrews Counseling and Family Resource Center.

● **Federal Assistance Program (FAP) Navigation:**

- Education and application assistance for SNAP, TANF, WIC, Medicaid, and CAPS.
- Partnership with the Department of Family and Children's Services.

Partnerships

GCCP collaborates with a wide range of organizations, including:

- **Healthcare providers:** Grady, CHOA, Center of Hope for Cancer and Blood Disorders, Cascade Primary Care Group.
- **Mental health providers:** Project Rebound, Andrews Counseling.
- **Community organizations:** Men of Zion, Salvation Army, Hosea Feed the Hungry, Habitat for Humanity, Atlanta Furniture Bank.
- **Government agencies:** Department of Family and Children's Services, Georgia Department of Public Health.

Strengths of the Program

- **CHW-led Model:** Leverages trusted community members to bridge gaps between individuals and services.
- **Comprehensive Approach:** Addresses various needs, including medical, mental health, and social determinants of health.
- **Strong Partnerships:** Collaborates with a network of organizations to provide holistic support.

This program clearly demonstrates a commitment to addressing health disparities and improving the well-being of the SCD community in Fulton County.

Designation of CSP Funds:

Based on the awarded amount of **\$36,153.00**, the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

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

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

Direct Service Expenditures- CSP funds utilized to provide services directly to agency/program participants such as

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

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

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$1,807.65
Operational (25% Operational max of total funds awarded.)	\$6,845.35
Direct Services	\$27,500.00
<i>Total</i>	\$36,153.00

Explanation of Funding Details:

Total program budget for CSP funds (January 1, 2025 – December 31, 2025)

The program budget for Community Service Program (CSP) running from January 1, 2025 – December 31, 2025 is \$36,153 and broken out as follows:

Community Services Program Expenditures

Administrative Budget: \$1,807.65 (5% of the Budget)

We have a Program Director and Program Coordinator working as administrative tasks on the CSP.

\$0 - Program Director: The Program Director will provide programmatic oversight; ensuring that goals, objectives, and performance measures are met according to schedule. Program Director is working In-Kind, and no funding is being requested for these services.

\$0 – Accounting: Accounting services will manage the budget compliance and no funding is being requested for these services.

\$1,807.65 - Outreach Coordinator: The Program Coordinator will provide Day-to-Day program management of timelines, documentation; and deliverables; supervises staff; maintains on-going communication with community stakeholders; oversees data collection; and prepares reports. The cost of the Outreach Coordinator is \$903.83 per CSP period and a total

CSP cost of \$1,807.65 ($\$903.83 \times 2 \text{ periods} = \$1,807.65$).

Operational Budget: \$6,845.35 (19% of the Budget)

\$6,845.35 Marketing and Communications: Marketing and communications services will be done to effectively ensure that Fulton County residents are aware of the availabilities of services provided through the CSP at a cost of \$3,422.68 per period for 2 periods $\$3,422.68 \times 2 \text{ periods} = \$6,845.35$).

Direct Services Budget: \$27,500 (76% of the Budget)

\$0 – Community Health Worker: The Community Health Worker is to provide patient/family education, is working In-Kind, and no funding is being requested for these services.

\$0 - Intake/Outreach Specialist: The Intake/Outreach Specialist is to facilitate federal assistance program applications, is working In-Kind, and no funding is being requested for these services.

\$25,000 – The Direct Service Provider(s) will conduct virtual and/or in-person Mental Health Education sessions at various times during the month during the two (2) CSP periods at a period cost of \$12,500. Total CSP cost for Mental Health Education sessions will be \$25,000.

\$2,500 – Program Materials and supplies that are directly consumed by the participants that aid in the delivery of planned services, such as educational/instructional materials, participation incentives/scholarships, paper, pencils, markers, etc. will cost \$5 per participant for 500 participants per period for per period coast of \$1,250. Total CSP cost for two (2) periods will be \$1,250 ($\$1,250 \times 2 \text{ periods} = \$2,500$).

Complete budgetary schedule/timeline

The budget timeline is calculated at \$18,076.50 per period.

January - June 2025: \$18,076.50

Administrative: \$903.82

- Program Director (InKind) = \$0
- Accounting (In-Kind) = \$0
- Outreach Coordinator = \$903.82

Operational: \$3,422.68

- Marketing/Communications = \$3,422.68

Direct Services: \$13,750

- Community Health Worker (In-Kind) = \$0

- Intake/Outreach Specialist (In-Kind) = \$0
- Mental Health Educational = \$12,500
- Program Materials and Supplies = \$1,250

July - December 2025: \$18,076.50

Administrative: \$903.83

- Program Director (InKind) = \$0
- Accounting (In-Kind) = \$0
- Outreach Coordinator = \$903.83

Operational: \$3,422.67

- Marketing/Communications = \$3,422.67

Direct Services: \$13,750

- Community Health Worker (In-Kind) = \$0
- Intake/Outreach Specialist (In-Kind) = \$0
- Mental Health Educational = \$12,500
- Program Materials and Supplies = \$1,250

Program Performance Measures:

Sickle Cell Foundation of Georgia 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:

The overall goal of the proposed project is to provide health and wellness activities to improve the health outcomes of residents of Fulton County, including individuals living with sickle cell disease. Specific, measurable, achievable, relevant, and time-based objectives to achieve this goal are:

1. Provide education to 250 residents of Fulton County to encourage them to adopt appropriate health-seeking behavior and healthier habits, beginning January 1, 2025, through December 31, 2025.
2. Provide care and resource coordination to a minimum of 50 Fulton County residents living with sickle cell disease beginning January 1, 2025, through December 31, 2025.
3. Engage at least 50 youth and adults in monthly mental health support group/training sessions addressing stress management, trauma, anxiety, anger management, and building coping strategies beginning January 1, 2025 through December 31, 2025.
4. Refer at least 50 Fulton County residents to individual behavioral health services (consultations and psychotherapy) beginning January 1, 2025, through December 31, 2025.
5. Provide support and encouragement to ensure at least 50 individuals are referred to behavioral health services.
6. Assist at least 100 Fulton County residents in accessing Federal Assistance Programs and other social services and increase the number of eligible Fulton County residents eligible for Supplemental Food Assistance access benefits by 5% from the previous year.

The Sickle Cell Foundation of Georgia, Inc. (SCFG) will collect and analyze data to monitor implementation (process) and outcomes. Data will be utilized to measure the achievement of the program goals and objectives and to make informed adjustments and mid-course corrections. SCFG will utilize data from intake assessments, case notes, and client surveys to collect data. Data will be analyzed to track the following county-defined measures:

1) Number of individuals connected to available resources to help mitigate illness and health disparities

- Review intake assessment data and case notes entered in the client database.
 - Identified needs
 - Number and type of resources referred.
 - Number of resources accessed
 - Number of individuals referred to primary care
 - Number of individuals referred to specialty care
- Client reports during follow-up are recorded in the client database (case notes)
- Resources accessed
- Primary and specialty care accessed

2) Number of individuals receiving referrals to behavioral health and other supportive services

- Review documentation of referrals made in case notes entered in the client database.
 - Number of individuals referred to behavioral health services
 - Number of individuals referred to other supportive services
 - Types of supportive services referrals

3) Number of individuals who report or demonstrate improved health-related outcomes or other "quality of life" measures

- Pre and Post behavioral health surveys
 - Number of individuals reporting change after participating in sessions
- Pre and Post care coordination survey, Adult Sickle Cell Quality of Life Measurement Information System (ASCO-
- Several individuals with SCD reported an increase in social functioning and a decrease in emotional distress

SCFG utilizes HIPAA-compliant case management software to house individual-level data and generate real-time customized reports. Microsoft Excel is used to conduct descriptive analysis of exported case management data. Data is entered by staff providing client-level services (CHWs, intake workers, and outreach workers) with training and support from the IT manager.

A combination of patient reports, document reviews, and data aggregation (conditions, recent hospitalizations, last appointment, and insurance information). The intake process includes assessing medical, support, behavioral, and practical needs. For emerging adults (adolescents), the intake process includes a transitional readiness assessment to generate a transition plan. These data are entered into case management software by CHWs in real-time within 24 hours of initial contact or 48 hours of follow-up contact. Intake and outreach workers enter federal assistance data into the software within 24 to 48 hours after contact and entering application data into the DFCS system. Once a case is created, all activities related to the individual are entered into the software. Entered data include:

- Referral source

- Resources needed
- Medical, behavioral health, and resource referrals were made and accessed.
- Individual education/coaching sessions conducted, along with topics covered and related outcomes achieved
- Appointment assistance provided (reminders, accompany)
- Federal and state assistance applications submitted
- Renewal dates for federal and state assistance

The Adult Sickle Cell Quality of Life Measurement Information System (ASCQ-Mc) will assess patients' reported quality of life changes. The tool measures the impact of SCD on the lives and experiences of adults living with SCD. CHWs will collect data during the interview at intake using the short forms (5 items) of the Social Functioning Scale, which measures how often individuals were slowed down by their health, how often their health made it hard to do things, how often their health prevented them from going out, and how often their health prevented them from spending time with their friends in the past 30 days. The Emotional Distress Scale measures feelings of hopelessness, loneliness, depression, worry about getting sick, and worry about the need to go to the hospital in the last 30 days (post-service assessment). After receiving services, the scales are administered to the same individuals to determine improvements in quality-of-life perceptions.

Monthly reports are generated to document aggregate activities and contacts made to identify new resources, medical providers, and new partnerships. Sign-in sheets are collected at group and outreach events. The Program Coordinator reviews reports, case management entries, and sign-in sheets weekly to identify trends and patterns, discuss with staff and the Director of Operations, and inform changes or next steps in program activities. The logs, case management data, and sign-in sheets are used to track the achievement of objectives and to generate monthly internal and external reports. Data will be used to track and analyze performance measures and performance indicators. The Data Manager will manage the database and perform data analysis.

Follow-up data will be entered into case management software, reviewed weekly, and used to generate monthly internal and external reports and analyze them to determine whether the objectives were achieved. In addition to generating reports, data will be reviewed monthly to identify trends and patterns. Surveys will be used to collect patient satisfaction data and improvement recommendations. Surveys and structured interviews will be reviewed monthly and used to make ongoing improvements.

1. Provide education to encourage the adoption of appropriate health seeking behavior and healthier habits to 250 residents of Fulton County beginning January 1, 2025			
Key Action Steps	Timeline	Data Source & Evaluation Methods	Accountability
Incorporate patient/family education into care coordination plan.	Beginning January 1, 2025 and ongoing	Case management database, review case notes	Outreach workers
Provide nutrition education to FAP applicants.		Documentation of client/education needs, intake assessment, case management database	Intake workers
Generate materials to encourage health screenings.		Documentation of education provided	Program Coordinator
Disseminate materials to individuals served		Case management database	CHW Manager
2. Provide care and resource coordination to a minimum of 50 Fulton County residents living with sickle cell disease beginning January 1, 2025 through December 31, 2025			
Review referral agreements with clinical partners	February 27, 2025	Establish ASCQMe data collection schedule	Program Coordinator
Market availability of services		Observe use of assessment tool	Director of Operations
Provide care and resource coordination	May 30, 2025	Review and analyze case management data	CHW Manager
Assess changes in perceptions of quality of life (ASCQMe)		Analyze quality of life data	Data Manager

1. Provide education to encourage the adoption of appropriate health seeking behavior and healthier habits to 250 residents of Fulton County beginning January 1, 2025			
Key Action Steps	Timeline	Data Source & Evaluation Methods	Accountability
3. Engage at least 50 youth and adults in monthly mental health wellness education sessions addressing stress management, trauma, anxiety, anger management, and building coping strategies beginning January 1, 2025 through December 31, 2025			
Revise agreements with behavioral health partners Market availability of service Collect attendance data Collect participant data	March 31, 2025 April 15, 2025	Document review Collect attendance data Observe group sessions Analyze pre- and post- data	Program Manager Director of Operations
4. Refer at least 50 Fulton County residents to individual behavioral health services (consultations and psychotherapy) beginning January 1, 2025 through December 31, 2025			
Revise referral protocols and educate staff Communicate protocols with primary care providers Market availability of services Track referrals Track delivery of services	January 31, 2025 through December 31, 2025	Documentation of referrals Case managment database Service provider reports	CHWs FAP Intake and Outreach Workers Wellness Center Staff Program Coordinator
5. Provide support and encouragement to ensure at least 50 individuals are referred to behavioral health services beginning January 1, 2025 through December 31, 2025			
Educate care coordination and FPA staff on the importance of mental health wellness Provide patient education on the importance of mental health wellness and its relationship to physical health Provide clear information about services available Develop materials promoting a “whole person” approach to maintaining health	January 1, 2025 Ongoing March 31, 2025	 Case management notes Developed materials	Program Coordinator Communications Staff CHW Manager CHWs
6. Assist at least 100 Fulton County residents access Federal Assistance Programs and other social services and increase the number of eligible Fulton County residents access Supplemental Food Assistance by 5% from the previous year			
Determine need during needs assessment Determine eligibility Market availability of services Conduct outreach to market services Conduct outreach to provide application assistance	Ongoing beginning January 1, 2025 through December 31, 2025		

1. Provide education to encourage the adoption of appropriate health seeking behavior and healthier habits to 250 residents of Fulton County beginning January 1, 2025

Key Action Steps	Timeline	Data Source & Evaluation Methods	Accountability
Provide nutrition educaion			

Agency Defined Performance Measure(s):

Agency Defined Performance Measures

SCFG will use the methods described above to evaluate the following agency defined performance measures:

1. Number of individuals utilizing behavioral health services

- Registration database and participant sign-in
 - Number of individuals registered for behavioral health services
 - Number of individuals participating in behavioral health services
- Psychotherapist report
 - Number of individuals accessing individual behavioral health services

2. Percentage of residents who experience food insecurity

- Case management database and DFCS database (Gateway)
 - Number of individuals receiving assistance applying for Federal Assistance Programs
 - Number of individuals approved for Supplemental Nutritional Assistance (SNAP) and/or Women, Infants, Children Nutritional Program (WIC)

3. Number of uninsured adults and children

- Case management database and DFCS database (Gateway)
 - Number of individuals assisted in obtaining insurance
 - Number of eligible individuals assisted with Medicaid or Peachcare applications

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 **\$36,153.00.**

(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:

Sickle Cell Foundation of Georgia
2391 Benjamin E. Mays Dr SW
Atlanta, Georgia 30311

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 **Sickle Cell Foundation of Georgia**, 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:	SickleCellFoundatonofGeorgialnc.
Project No. and Project Title:	Georgia Community Connections

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:

71855

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

February 19, 2025

Date of Authorization

Tabatha McGee

Authorized Officer or Agent
(Name of Contractor)

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

Tabatha McGee

Printed Name (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Executive Director

Title (of Authorized Officer or Agent of Contractor)

February 19, 2025

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

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

Notary Public

My Commission Expires:

3/31/2025

[NOTARY SEAL]



* 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:	Project Rebound Inc.
Project No. and Project Title:	Georgia Community Connections

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.

539942
Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

4/8/2012
Date of Authorization

Amir S. Aleem
Authorized Officer of Agent
(Name of Subcontractor)

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

Amir S. Aleem
Printed Name (of Authorized Officer or Agent of Contractor)

Chief Financial Officer
Title (of Authorized Officer or Agent of Contractor)

[Signature]
Signature (of Authorized Officer or Agent)

2/19/25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

19 DAY OF February, 20 25
[Signature]
Notary Public

My Commission Expires: 3/31/25



* 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).

SICKCEL-01

ATOMPKINS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/12/2025

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 Legacy Risk Solutions, LLC PO Box 2976 Gainesville, GA 30503	CONTACT NAME: Alana Tompkins PHONE (A/C, No, Ext): (678) 775-0524 FAX (A/C, No): (678) 775-0521 E-MAIL ADDRESS: atompkins@legacyrisksolutions.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sickle Cell Foundation of Georgia, Inc. 2391 Benjamin E Mays Drive SW Atlanta, GA 30311	INSURER A : Philadelphia Indemnity Insurance Company	
	INSURER B : Sequoia Insurance Company	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		NAIC # 18058 22985

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

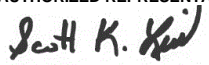
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2665229	3/20/2025	3/20/2026	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 \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2665229	3/20/2025	3/20/2026	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB903946	3/20/2025	3/20/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	QWC1460235	6/1/2025	6/1/2026	<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	Prof Liability			PHPK2665229	3/20/2025	3/20/2026	Each Incident 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder continued: Its Employees, Servants and Agents

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 
--	--

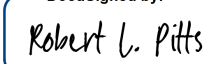
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME Sickle Cell Foundation of Georgia

DocuSigned by:

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

Signed by: Name of Signatory: Tabatha McGee


D914E31989404FA... Title of Signatory: Executive Director
Authorized Signature

ATTEST:

ATTEST:

Signed by:

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

DocuSigned by: Name of 2nd Signatory: Jeanette Nu'Man

69AF11A43D254C9... Title of 2nd Signatory: Director of Operations
Second Authorized Signature

(Affix County Seal)



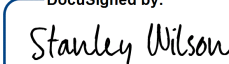
(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

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

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

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

Certificate Of Completion

Envelope Id: 2BBBB582-E486-4BB9-A8E2-33E1753A289A

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Sickle Cell Foundation of Georgia-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 24

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountyga.gov

IP Address: 166.137.175.49

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/20/2025 10:33:27 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

Tabatha McGee

tmcgee@sicklecellga.org

Executive Director

Sickle Cell Foundation of Georgia, Inc.

Security Level: Email, Account Authentication
(None)

Signed by:

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Jeanette Nu'Man

jnuman@sicklecellga.org

Operations Director

Sickle Cell Foundation of Georgia, Inc.

Security Level: Email, Account Authentication
(None)

DocuSigned by:

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Electronic Record and Signature Disclosure:

Accepted: 6/23/2025 9:29:17 AM

ID: c6169bee-3ab0-4b22-b527-2b9292a9df9b

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

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Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 24.99.91.51	Sent: 6/24/2025 12:14:38 PM Viewed: 6/24/2025 2:05:39 PM Signed: 6/24/2025 2:09:57 PM
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David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  0EC92EDADEFB4B8... Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/24/2025 2:09:59 PM Viewed: 6/24/2025 2:12:42 PM Signed: 6/24/2025 2:13:23 PM
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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 2:58:52 PM Resent: 6/30/2025 11:56:09 AM Viewed: 6/30/2025 12:02:54 PM Signed: 6/30/2025 12:03:02 PM
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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 12:03:05 PM Viewed: 7/1/2025 10:10:16 AM Signed: 7/1/2025 10:15:42 AM
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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 10:15:46 AM Resent: 7/3/2025 10:43:39 AM Viewed: 7/9/2025 10:19:58 AM Signed: 7/9/2025 10:20:02 AM
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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: 6/20/2025 10:39:17 PM Resent: 7/9/2025 10:20:10 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: 6/20/2025 10:39:17 PM Viewed: 7/9/2025 10:24:55 AM
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 10:20:06 AM Viewed: 7/9/2025 10:25:10 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/20/2025 10:39:17 PM
Certified Delivered	Security Checked	7/9/2025 10:19:58 AM
Signing Complete	Security Checked	7/9/2025 10:20:02 AM
Completed	Security Checked	7/9/2025 10:20:06 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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Enabled Security Settings:	Allow per session cookies

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