



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Select Fulton

BID/RFP# NUMBER: 22RFP0121B-PS

BID/RFP# TITLE: Adult and Dislocated Worker Services

ORIGINAL APPROVAL DATE: April 20, 2022

RENEWAL EFFECTIVE DATES: July 1, 2024 through June 30, 2025

RENEWAL OPTION #: 2 of 3

NUMBER OF RENEWAL OPTIONS: 1

RENEWAL AMOUNT: \$1,725,125.00

COMPANY'S NAME: APM Equus Holdings Corporation d/b/a Arbor E&T, LLC DBA Equus Workforce Solutions

ADDRESS: 9510 Ormsby Station, Suite 104

CITY: Louisville

STATE: KY

ZIP: 40223

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 05/01/2024 BOC NUMBER: 02-0295

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

**APM Equus Holdings Corporation
d/b/a Arbor E&T, LLC DBA Equus
Workforce Solutions**

Signed by:

Robert L. Pitts

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

Signed by:

Jack Sawyer

**Jack Sawyer
CEO**

ATTEST:

ATTEST:

DocuSigned by:

Tonya Grier

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

(Affix County Seal)

**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

Signed by:

Samir Abdullahi

**Samir Abdullahi, Director
Select Fulton**

Signed by:

Susan Turner

Susan Turner

Notary Public

County: Jefferson

Commission Expires: 06/03/2027

(Affix Notary Seal) Signed by:



ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: <u>24-0295</u> RM: <u>5/1/2024 1st Reg Meeting</u> REGULAR MEETING
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Fulton County

Legislation Details

File #:	24-0295	Version:	1	Name:	
Type:	Consent - Infrastructure and Economic Development	Status:		Agenda Ready	
File created:	4/9/2024	In control:		Board of Commissioners	
On agenda:	5/1/2024	Final action:			
Title:	Request approval to renew an existing contract - Select Fulton - Workforce Development Divisions, 22RFP0121B-PS, Adult and Dislocated Services for Select Fulton in the amount of \$1,725,125.00 with APM Equus Holdings, LLC dba Arbor E&T LLC (Louisville, KY) to provide adult and dislocated career center services. This action exercises the second of three renewal options. One renewal option remains. Effective July 1, 2024 through June 30, 2025. This contract is 100% grant funded. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)				

Sponsors:

Indexes:

Code sections:

Attachments: 1. CONTRACT RENEWAL AGREEMENT FORM - (R2) Adult & Dislocated Worker Services, 2. Contractors Renewal Evaluation Form - ADWS, 3. Contractors Performance Report

Date	Ver.	Action By	Action	Result
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GRANASS-03

MITCHELLGLENNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2024

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 Thompson Flanagan Executive Liability Group, LLC 626 West Jackson Blvd 5th Floor Chicago, IL 60661	CONTACT NAME: Zach Walsh PHONE (A/C, No, Ext): (312) 566-4726 FAX (A/C, No): E-MAIL ADDRESS: zwalsh@thompsonflanagan.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : AXIS Insurance Company	
NAIC #	
INSURER B : Pennsylvania Manufacturers Indemnity Company	
41424	
INSURER C : Underwriters at Lloyds London (IL)	
15792	
INSURER D : Allied World Assurance Company (U.S.) Inc.	
19489	
INSURER E :	
INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:	☒	☒	P00100125229701	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	☒	☒	152375 1489673	9/30/2023	9/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$	☒	☒	XS1168323	9/30/2023	9/30/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☒	☒	202375 1489673A	9/30/2023	9/30/2024	☒ PER STATUTE ☐ 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
D	Umbrella Excess			0314-0098	9/30/2023	9/30/2024	\$5M x \$3M
A	Excess General Liab.			P00100125139101	9/30/2023	9/30/2024	\$1M x \$1M

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

Sexual Abuse and Molestation - Syndicate 2623/623 at Lloyd's (Beazley) - Policy Number: W33C90230201 - 11/1/2023 - 9/30/2024 - Occurrence Limit: \$2,000,000
 Aggregate Limit: \$4,000,000

Group Accident - National Union Fire Insurance Company of Pittsburgh, PA - Policy Number: SRG 0009159184 - 9/30/2023 - 9/30/2024 - Limit: \$25,000

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government - Purchasing and Contract Compliance Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Thompson Flanagan Executive Liability Group, LLC		NAMED INSURED Arbor E&T, LLC d/b/a Equus Workforce Solutions 9510 Ormsby Station Road, Suite 104 Louisville, KY 40223	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Professional Liability/Errors & Omissions - Gemini Insurance Company - Policy Number: VPPL019887 - 9/30/2023 - 9/30/2024 - Occurrence Limit: \$5,000,000 Aggregate Limit: \$5,000,000

Medical Professional Liability/Errors & Omissions - Landmark American Insurance Company - Policy Number: LHM852495 - 9/30/2023 - 9/30/2024 - Occurrence Limit: \$1,000,000 Aggregate Limit: \$3,000,000

Management Liability - Ironshore Indemnity Inc. - Policy Number: DO6AACKTY2002 - 11/30/2023 to 11/30/2024
Directors & Officers Limit: \$1M
Employment Practices Liability Limit: \$3M
Fiduciary Liability Limit: \$1M

Excess Employment Practices Liability - Beazley Insurance Company, Inc. - Policy Number: V363EF230101 - 11/30/2023 to 11/30/2024 - Limit: \$2M - Attachment Point: \$3M

Fidelity Bond/Crime - Beazley Insurance Company, Inc. - Policy Number: V3636D230101 - 11/30/2023 to 11/30/2024 - Limit: \$3,000,000

RE: 22RFP0121B-PS - Workforce Services Delivery providing WIOA Adult and Dislocated Worker Services

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Excess Liability policies. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability, Excess Liability and Workers Compensation policies.

Certificate Of Completion

Envelope Id: E1180CA28EF24ECDA2A01E5790E92C8B

Status: Completed

Subject: CONTRACT RENEWAL AGREEMENT FORM - (R2) Adult & Dislocated Worker Services, BOC #24-0295

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 5

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Phyllis Stewart

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Phyllis.Stewart@fultoncountyga.gov

IP Address: 45.28.6.18

Record Tracking

Status: Original

Holder: Phyllis Stewart

Location: DocuSign

9/5/2024 12:36:44 PM

Phyllis.Stewart@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

Signer Events

Jack Sawyer

Jack.Sawyer@equusworks.com

Interim CEO Equus

Arbor E&T, LLC dba Equus Workforce Solutions

Security Level: Email, Account Authentication
(None)**Signature**

Signed by:


E5AB05A370F046E...**Timestamp**

Sent: 9/6/2024 5:46:24 PM

Viewed: 9/7/2024 1:48:16 PM

Signed: 9/7/2024 1:48:26 PM

Signature Adoption: Pre-selected Style

Using IP Address: 68.92.149.217

Electronic Record and Signature Disclosure:

Accepted: 9/7/2024 1:48:16 PM

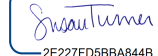
ID: 46a63049-ecf9-491d-9318-c74999340480

Susan Turner

susan.turner@equusworks.com

Security Level: Email, Account Authentication
(None)

Signed by:


2E227FD58BBA844B...

Sent: 9/7/2024 1:48:28 PM

Viewed: 9/10/2024 11:36:21 AM

Signed: 9/10/2024 11:37:22 AM



Signature Adoption: Uploaded Signature Image

Using IP Address: 107.3.215.33

Electronic Record and Signature Disclosure:

Accepted: 9/10/2024 11:36:21 AM

ID: 3033d609-9953-4af0-81eb-082db6e158c1

Samir Abdullahi

Samir.Abdullahi@fultoncountyga.gov

Deputy Director

Security Level: Email, Account Authentication
(None)

Signed by:


D4D1D3E54EB64A7...

Sent: 9/10/2024 11:37:25 AM

Viewed: 9/10/2024 12:22:19 PM

Signed: 9/10/2024 12:22:28 PM

Signature Adoption: Pre-selected Style

Using IP Address: 73.54.134.115

Electronic Record and Signature Disclosure:

Accepted: 9/10/2024 12:22:19 PM

ID: 6b561d52-77c1-474e-bd3b-8b5bbd7c35f2

Signer Events	Signature	Timestamp
Nikki Peterson Nikki.Peterson@fultoncountygga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8	Completed Using IP Address: 68.208.197.4	Sent: 9/10/2024 12:22:31 PM Viewed: 9/11/2024 11:01:41 AM Signed: 9/11/2024 11:03:09 AM
Robert L. Pitts Robb.Pitts@fultoncountygga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/11/2024 11:13:17 AM ID: b602124c-29e9-48a7-b1ce-d78778b401cd	Signed by:  167FDE80EDAF436... Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 9/11/2024 11:03:13 AM Viewed: 9/11/2024 11:13:17 AM Signed: 9/11/2024 11:13:26 AM
Tonya Grier Tonya.grier@fultoncountygga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4	DocuSigned by:  EEC476C4837648D... Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191	Sent: 9/11/2024 11:13:30 AM Viewed: 9/11/2024 11:19:24 AM Signed: 9/11/2024 11:19:31 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
kevin Gailfoil kevin.gailfoil@equusworks.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/5/2024 2:19:22 PM ID: f2bfb1f4-b135-41cf-ba0e-7669daadfa13	VIEWED Using IP Address: 98.30.254.55	Sent: 9/5/2024 1:01:11 PM Viewed: 9/5/2024 2:19:22 PM
Lynn Hamilton lynnhamilton@equusworks.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/6/2024 5:46:22 PM ID: 047c98e0-c2d8-4423-a148-7e57229aa9aa	VIEWED Using IP Address: 73.118.80.34	Sent: 9/5/2024 2:19:23 PM Viewed: 9/6/2024 5:46:22 PM
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 9/11/2024 11:19:34 AM
Tonya Grullon Tonya.Grullon@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 11/15/2021 10:52:36 AM ID: 55134452-8e54-4295-be08-2e0b87e55f7b	COPIED	Sent: 9/11/2024 11:19:36 AM
Brett Lacy Brett.Lacy@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/31/2022 10:57:03 AM ID: 7d2285dd-5966-49f4-9f78-9974dea08572	COPIED	Sent: 9/11/2024 11:19:38 AM
Mariska Angall Mariska.Angall@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 4/6/2022 10:03:34 AM ID: 68f1c808-47b1-44ab-b8ca-fdca65e08dd9	COPIED	Sent: 9/11/2024 11:19:39 AM Viewed: 9/11/2024 11:26:43 AM
Lynn Hamilton lynnhamilton@equusworks.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 9/6/2024 5:46:22 PM ID: 047c98e0-c2d8-4423-a148-7e57229aa9aa	COPIED	Sent: 9/11/2024 11:19:41 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/5/2024 1:01:11 PM
Certified Delivered	Security Checked	9/11/2024 11:19:24 AM
Signing Complete	Security Checked	9/11/2024 11:19:31 AM
Completed	Security Checked	9/11/2024 11:19:41 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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Withdrawing your consent

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

Consequences of changing your mind

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

All notices and disclosures will be sent to you electronically

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

How to contact Carahsoft OBO Fulton County, Georgia:

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

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

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

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

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

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

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

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

Required hardware and software

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

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

Acknowledging your access and consent to receive materials electronically

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

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

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

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