



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP# NUMBER: 24ITB1334033B-PS

BID/RFP# TITLE: Network Equipment Maintenance and Support

ORIGINAL APPROVAL DATE: March 19, 2025

RENEWAL EFFECTIVE DATES: January 1, 2026 - December 31, 2026

RENEWAL OPTION #: 1 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$5,000,000.00

COMPANY'S NAME: Presidio Networked Solutions LLC

NAME: Erik Hayko

ADDRESS: One Penn Plaza, Suite 2501

CITY: Atlanta

STATE: Georgia

ZIP: 30326

This Renewal Agreement No.1 was approved by the Fulton County Board of Commissioners on **BOC DATE:** 11/05/25 **BOC NUMBER:** 25-0818.

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. 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.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/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

Signed by:

Robert L. Pitts

167FDE80EDAF436
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

PRESIDIO NETWORKED SOLUTIONS, LLC

Signed by:

Erik Hayko

167A98D0E9E4549D
ERIK HAYKO
Senior Contracts Manager



ATTEST:

Signed by:

Tonya R. Grier

167C476C483761D
Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Kevin Kerrigan

E0D7025A14B510C

Kevin Kerrigan, CIO
Information Technology

ITEM#: <u>25-0818</u>	RM: <u>11/05/25</u>
REGULAR MEETING	

ITEM#: <u> </u>	2 ND RM: <u> </u>
SECOND REGULAR MEETING	

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2025

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 McGriff Insurance Services 150 S. Warner Road Suite 460 King Of Prussia PA 19406-2639	CONTACT NAME: Christine Richardson PHONE (A/C, No, Ext): 610-279-8550 FAX (A/C, No): 610-279-8543 E-MAIL ADDRESS: crichardson@mcfgriff.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: Great Northern Insurance Company INSURER C: American Zurich Insurance Company INSURER D: INSURER E: INSURER F:	NAIC # 20281 20303 40142
INSURED Fortress Ultimate Holdings, L.P. Presidio Inc. 12100 Sunset Hills Road - Suite 300 Reston VA 20190		150PRESINC

COVERAGES**CERTIFICATE NUMBER:** 1577248649**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		
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				35852422BAL	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
								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	
									\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:									
		POLICY	<input checked="" type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC				
	OTHER:									
A	AUTOMOBILE LIABILITY				73543321	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> Comp \$1,000								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/>	OCCUR	79857023	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 25,000,000	
	<input type="checkbox"/> EXCESS LIAB			<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 25,000,000	
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/>	RETENTION \$ 0						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A	WC980925911	3/1/2025	3/1/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

Named Insureds Continued:

Fortress Intermediate 1, Inc.

Fortress Intermediate 2, Inc.

Fortress Intermediate 3, Inc.

Port Holdco, Inc.

Port Midco LLC

Presidio Holdings Inc.

Presidio IS LLC

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Attn: Purchasing Department 130 Peachtree Street, SW Suite 1168 Atlanta GA 30303	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 McGriff Insurance Services		NAMED INSURED Fortress Ultimate Holdings, L.P. Presidio Inc. 12100 Sunset Hills Road - Suite 300 Reston VA 20190
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Presidio LLC
 Presidio Technology Capital, LLC
 Presidio Networked Solutions LLC
 Presidio Capital Funding LLC
 Presidio Government Solutions LLC
 Presidio Networked Solutions Group, LLC
 High Wire Concepts LLC
 Internetwork Services LLC
 Contender Solutions, LLC
 Tekk Holdings, LLC

Project: Fulton County Jail Wireless Assessment

Fulton County Government, its officials, officers and employees are additional insured under the general liability and auto liability if required by written contract and subject to policy terms and conditions. General liability and auto liability coverage is primary and noncontributory if required by written contract and subject to policy terms and conditions. Waiver of subrogation applies in favor additional insured under the general liability, auto liability and workers compensation if required by written contract and subject to policy terms and conditions.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/10/2025

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME:	FAX (A/C. No.): (800) 363-0105
	PHONE (A/C. No. Ext.): (866) 283-7122	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Fortress Ultimate Holdings, L.P. 1 Penn Plaza, Suite 2051 New York NY 10119 USA	INSURER A: Beazley Excess and Surplus Insurance Inc	17520
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 570116597429

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY								
	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> OCCUR						EACH OCCURRENCE	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	
								MED EXP (Any one person)	
								PERSONAL & ADV INJURY	
								GENERAL AGGREGATE	
								PRODUCTS - COMP/OP AGG	
								OTHER:	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB		<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION						AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			<input type="checkbox"/> Y / N N / A				<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH- ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE	
								E.L. DISEASE-POLICY LIMIT	
A	Cyber Liability				D39926250101 Claims Made SIR applies per policy terms & conditions	04/30/2025	04/30/2026	Occurrence Aggregate	\$5,000,000 \$5,000,000

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

Cyber Liability includes Tech & Professional Services.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
Attn: Purchasing Department
130 Peachtree Street SW, Suite 1168
Atlanta GA 30303 USA

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

Am Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570116597429





ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.	NAMED INSURED Fortress Ultimate Holdings, L.P.
POLICY NUMBER See Certificate Number: 570116597429	
CARRIER See Certificate Number: 570116597429	NAIC CODE EFFECTIVE DATE:

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Fortress Ultimate Holdings, L.P.	
POLICY NUMBER See Certificate Number: 570116597429			
CARRIER See Certificate Number: 570116597429	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

Excess Coverage

Excess \$5M x \$5M Limit

Policy Period: 04/30/2025 - 04/30/2026

Underwriting Companies:

Scottsdale Insurance Company 50% - Policy # XMS2509873

Evanston Insurance Company 50% - Policy # MKLV7PL0006898



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Fortress Ultimate Holdings, L.P.	
POLICY NUMBER See Certificate Number: 570116597429			
CARRIER See Certificate Number: 570116597429	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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

Name Insureds

BCEC-Port Holdings (Delaware) LP
 Port Holdco Inc.
 Port Midco, LLC
 Presidio, Inc.
 Presidio Holdings Inc.
 Presidio IS LLC
 Presidio LLC
 Presidio Capital Funding LLC
 Presidio Networked Solutions LLC
 Presidio Technology Capital, LLC
 Presidio Government Solutions LLC
 Presidio Networked Solutions Group, LLC
 High Wire Concepts LLC
 Fortress Intermediate 3, Inc.
 Contender Solutions LLC



Fulton County

Legislation Details

File #:	25-0818	Version:	1	Name:	
Type:	CM Action Item - Open & Responsible Government	Status:		Passed	
File created:	7/8/2025	In control:		Board of Commissioners	
On agenda:	11/5/2025	Final action:		11/5/2025	
Title:	Request approval to renew an existing contract - Department of Information Technology, 24ITB1334033BPS, Network Equipment Maintenance & Support, in an amount not to exceed \$5,000,000.00 with Presidio Inc. (Atlanta, GA), to provide services associated with provisioning, maintenance and support services (wired and wireless) data communications equipment on an as needed basis. This action exercises the first of three renewal options. Two renewal options remain. Effective dates: January 1, 2026, through December 31, 2026. (APPROVED)				

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1: Contract Renewal Agreement, 2. Exhibit 2: Contract Renewal Evaluation Form, 3. Exhibit 3: Performance Evaluation, 4. Exhibit 4: Project List 2026

Date	Ver.	Action By	Action	Result
11/5/2025	1	Board of Commissioners	approve	Pass

Certificate Of Completion

Envelope Id: FA1869AD-FE58-4587-AE5A-46CB6F758B89
Subject: Contract Agreement 24ITB1334033B-PS - R1, Presidio, \$5,000,000.00
Parcel ID:
Employee Name:
Source Envelope:
Document Pages: 10
Certificate Pages: 6
AutoNav: Enabled
Enveloped Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
Phyllis Stewart
141 Pryor Street
Purchasing & Contract Compliance, Suite 1168
Atlanta, GA 30303
Phyllis.Stewart@fultoncountyga.gov
IP Address: 134.231.232.249

Record Tracking

Status: Original
11/7/2025 9:33:07 AM
Holder: Phyllis Stewart
Phyllis.Stewart@fultoncountyga.gov
Security Appliance Status: Connected
Pool: StateLocal
Storage Appliance Status: Connected
Pool: Fulton County Government

Location: DocuSign
Location: Docusign

Signer Events

Erik Hayko
ehayko@presidio.com
Director Contracts & Compliance
Presidio Networked Solutions LLC
Security Level: Email, Account Authentication
(None)

Signature

Signed by:

E7A28D0E9E4548D...

Signature Adoption: Pre-selected Style
Using IP Address:
2600:6c46:7500:15f2:e0a8:af34:c805:efff

Timestamp

Sent: 11/10/2025 9:22:22 AM
Viewed: 11/10/2025 9:24:44 AM
Signed: 11/10/2025 11:52:19 AM

Electronic Record and Signature Disclosure:

Accepted: 11/10/2025 9:24:44 AM
ID: ace3f039-804e-4f6c-bb4f-33ad33f4de2b

Completed

Using IP Address: 134.231.188.153

Sent: 11/10/2025 11:52:21 AM
Viewed: 11/10/2025 1:04:48 PM
Signed: 11/10/2025 1:05:04 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Kevin Kerrigan
Kevin.Kerrigan@fultoncountyga.gov
Chief Information Officer
Security Level: Email, Account Authentication
(None)

DocuSigned by:

E03663FAC4B546B...

Signature Adoption: Pre-selected Style
Using IP Address: 99.59.250.223

Sent: 11/10/2025 1:05:06 PM
Viewed: 11/10/2025 1:29:17 PM
Signed: 11/10/2025 1:29:25 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

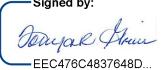
Nikki Peterson
Nikki.Peterson@fultoncountyga.gov
Chief Deputy Clerk to the Board of Commissioners
Fulton County Government
Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 66.56.23.82

Sent: 11/10/2025 1:29:26 PM
Resent: 11/12/2025 9:06:05 AM
Viewed: 11/12/2025 10:42:01 AM
Signed: 11/12/2025 10:54:12 AM

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts Robb.Pitts@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)	<p>Signed by:  167FDE80EDAF436...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	Sent: 11/12/2025 10:54:14 AM Resent: 11/13/2025 8:58:10 AM Viewed: 11/14/2025 2:30:24 PM Signed: 11/14/2025 2:30:34 PM
Electronic Record and Signature Disclosure:		
Accepted: 11/14/2025 2:30:24 PM ID: 4573f54b-015a-4db2-b4f4-017d235a9e9a		
Tonya Grier Tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	<p>Signed by:  EEC476C4837648D...</p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.207.113</p>	Sent: 11/14/2025 2:30:36 PM Viewed: 11/14/2025 2:31:31 PM Signed: 11/14/2025 2:31:42 PM
Electronic Record and Signature Disclosure:		
Accepted: 10/27/2025 11:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events		
Agent Delivery Events		
Intermediary Delivery Events		
Certified Delivery Events	Status	Timestamp
Catherine Bowen cbowen@presidio.com Security Level: Email, Account Authentication (None)	<p>VIEWED</p> <p>Using IP Address: 2600:1700:2c51:1ff0:d130:939c:576e:e2e4</p>	Sent: 11/7/2025 11:21:55 AM Resent: 11/10/2025 9:17:53 AM Viewed: 11/10/2025 9:22:21 AM
Electronic Record and Signature Disclosure:		
Accepted: 11/10/2025 9:22:21 AM ID: f2b711eb-cab0-4fda-a5eb-80fa47b48c69		
Carbon Copy Events	Status	Timestamp
Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	<p>COPIED</p>	Sent: 11/14/2025 2:31:44 PM Viewed: 11/17/2025 11:14:04 AM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		
Anne Wilson Anne.Wilson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None)	<p>COPIED</p>	Sent: 11/14/2025 2:31:45 PM
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

Carbon Copy Events	Status	Timestamp
<p>Nadine Outlaw Nadine.Outlaw@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 11/14/2025 2:31:46 PM
<p>Andrae Stinson Andrae.Stinson@fultoncountyga.gov Network Manager Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 1/16/2025 1:10:37 PM ID: 1f3cc419-737a-4267-bd89-0c085e8c156f</p>	COPIED	Sent: 11/14/2025 2:31:47 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/7/2025 11:21:55 AM
Certified Delivered	Security Checked	11/14/2025 2:31:31 PM
Signing Complete	Security Checked	11/14/2025 2:31:42 PM
Completed	Security Checked	11/14/2025 2:31:47 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

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

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

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

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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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