



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

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

PRESIDIO NETWORKED
SOLUTIONS, LLC

Signed by:

Erik Hayko

Erik Hayko
Senior Contracts Manager



ATTEST:

Signed by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Kevin Kerrigan

Kevin Kerrigan, CIO
Information Technology

ITEM#: 25-0818	RM: 11/05/25	ITEM#: 2 ND RM:
REGULAR MEETING		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 E-MAIL ADDRESS: crichardson@mcgriff.com FAX (A/C. No): 610-279-8543														
INSURED Fortress Ultimate Holdings, L.P. Presidio Inc. 12100 Sunset Hills Road - Suite 300 Reston VA 20190	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td style="text-align: center;">20281</td> </tr> <tr> <td>INSURER B: Great Northern Insurance Company</td> <td style="text-align: center;">20303</td> </tr> <tr> <td>INSURER C: American Zurich Insurance Company</td> <td style="text-align: center;">40142</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: Great Northern Insurance Company	20303	INSURER C: American Zurich Insurance Company	40142	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Federal Insurance Company	20281														
INSURER B: Great Northern Insurance Company	20303														
INSURER C: American Zurich Insurance Company	40142														
INSURER D:															
INSURER E:															
INSURER F:															

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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y	Y	35852422BAL	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 </div> <div> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	Y	Y	73543321	10/1/2025	10/1/2026	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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	79857023	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	WC980925911	3/1/2025	3/1/2026	<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

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

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: PHONE (A/C. No. Ext.): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="803 472 1388 514">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1388 472 1520 514">NAIC #</th> </tr> <tr> <td data-bbox="803 514 1388 546">INSURER A: Beazley Excess and Surplus Insurance Inc</td> <td data-bbox="1388 514 1520 546">17520</td> </tr> <tr> <td data-bbox="803 546 1388 577">INSURER B:</td> <td data-bbox="1388 546 1520 577"></td> </tr> <tr> <td data-bbox="803 577 1388 609">INSURER C:</td> <td data-bbox="1388 577 1520 609"></td> </tr> <tr> <td data-bbox="803 609 1388 640">INSURER D:</td> <td data-bbox="1388 609 1520 640"></td> </tr> <tr> <td data-bbox="803 640 1388 672">INSURER E:</td> <td data-bbox="1388 640 1520 672"></td> </tr> <tr> <td data-bbox="803 672 1388 686">INSURER F:</td> <td data-bbox="1388 672 1520 686"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Beazley Excess and Surplus Insurance Inc	17520	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Beazley Excess and Surplus Insurance Inc	17520														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Fortress Ultimate Holdings, L.P. 1 Penn Plaza, Suite 2051 New York NY 10119 USA															

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. **Limits shown are as requested**

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT 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 \$5,000,000 Aggregate \$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 
--	--

Holder Identifier :

Certificate No : 570116597429



LOC #:

ADDITIONAL REMARKS SCHEDULE

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	E&O - Professional Liability - Primary			D39926250101 Claims Made SIR applies per policy terms & conditions	04/30/2025	04/30/2026	Per Claim/Aggreg	\$5,000,000

AGENCY CUSTOMER ID: 10243769
LOC #:



ADDITIONAL REMARKS SCHEDULE

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

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

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 Holdo 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

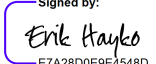
Certificate Of Completion

Envelope Id: FA1869AD-FE58-4587-AE5A-46CB6F758B89	Status: Completed
Subject: Contract Agreement 24ITB1334033B-PS - R1, Presidio, \$5,000,000.00	
Parcel ID:	
Employee Name:	
Source Envelope:	
Document Pages: 10	Signatures: 4
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Phyllis Stewart
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	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	Holder: Phyllis Stewart	Location: DocuSign
11/7/2025 9:33:07 AM	Phyllis.Stewart@fultoncountyga.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Fulton County Government	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Erik Hayko ehayko@presidio.com Director Contracts & Compliance Presidio Networked Solutions LLC Security Level: Email, Account Authentication (None)	<p>Signed by:</p>  <p>E7A28D0E9E4548D...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 2600:6c46:7500:15f2:e0a8:af34:c805:efff</p>	<p>Sent: 11/10/2025 9:22:22 AM</p> <p>Viewed: 11/10/2025 9:24:44 AM</p> <p>Signed: 11/10/2025 11:52:19 AM</p>

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

Phyllis Stewart Phyllis.Stewart@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed	<p>Sent: 11/10/2025 11:52:21 AM</p> <p>Viewed: 11/10/2025 1:04:48 PM</p> <p>Signed: 11/10/2025 1:05:04 PM</p>
	Using IP Address: 134.231.188.153	

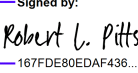
Electronic Record and Signature Disclosure:
Not Offered via Docusign

Kevin Kerrigan Kevin.Kerrigan@fultoncountyga.gov Chief Information Officer Security Level: Email, Account Authentication (None)	<p>DocuSigned by:</p>  <p>E03663FAC4B546B...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 99.59.250.223</p>	<p>Sent: 11/10/2025 1:05:06 PM</p> <p>Viewed: 11/10/2025 1:29:17 PM</p> <p>Signed: 11/10/2025 1:29:25 PM</p>
--	---	--

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	<p>Sent: 11/10/2025 1:29:26 PM</p> <p>Resent: 11/12/2025 9:06:05 AM</p> <p>Viewed: 11/12/2025 10:42:01 AM</p> <p>Signed: 11/12/2025 10:54:12 AM</p>
	Using IP Address: 66.56.23.82	

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)	<div>Signed by:  167FDE80EDAF436...</div> <div>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</div>	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)	<div>Signed by:  EEC476C4837648D...</div> <div>Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.207.113</div>	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	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Catherine Bowen cbowen@presidio.com Security Level: Email, Account Authentication (None)	<div>VIEWED</div> <div>Using IP Address: 2600:1700:2c51:1ff0:d130:939c:576e:e2e4</div>	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)	<div>COPIED</div>	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)	<div>COPIED</div>	Sent: 11/14/2025 2:31:45 PM
Electronic Record and Signature Disclosure: Not Offered via Docusign		

Carbon Copy Events	Status	Timestamp
Nadine Outlaw Nadine.Outlaw@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/14/2025 2:31:46 PM
Andrae Stinson Andrae.Stinson@fultoncountyga.gov Network Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 1/16/2025 1:10:37 PM ID: 1f3cc419-737a-4267-bd89-0c085e8c156f	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

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.