



**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 **Families First, Inc.** (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:

INDEX OF ARTICLES

ARTICLE 1. PARTIES AND TERM

ARTICLE 2. SCOPE OF CONTRACTOR'S DUTIES

ARTICLE 3. COMPENSATION FOR SERVICES

ARTICLE 4. RECORD KEEPING

ARTICLE 5. INDEMNIFICATION

ARTICLE 6. TERMINATION OF AGREEMENT FOR CAUSE

ARTICLE 7. INDEPENDENT CONTRACTOR STATUS

ARTICLE 8. INSURANCE

ARTICLE 9. AMENDMENTS AND MODIFICATIONS TO AGREEMENT

ARTICLE 10. SUBCONTRACTING

ARTICLE 11. ASSIGNABILITY

ARTICLE 12. SEVERABILITY OF TERMS

ARTICLE 13. PRECEDENCE OF AGREEMENT

ARTICLE 14. EQUAL EMPLOYMENT OPPORTUNITY

ARTICLE 15. CAPTIONS

ARTICLE 16. GOVERNING LAW

ARTICLE 17. JURISDICTION

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, 2. Programs addressing mental health depression stress trauma and anxiety among individuals, 5. Programs focusing on financial literacy and wellness

Homelessness: Not Applicable

Senior Services: Not Applicable

Families First, Inc., Building resilient communities through improved mental health and Navigator services 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
Virtual	Virtual	Virtual	Virtual	Virtual	NA	1,2,3,4,5,6
Families First Main Office	80 Joseph E. Lowery Boulevard, NW	Atlanta	GA	30314	4	1,4,5,6

Approach and Design:

Families First, Inc., Building resilient communities through improved mental health and Navigator services will provide services to **1178** clients that reside in Fulton County, with CSP funding.

Families First, Inc., Building resilient communities through improved mental health and Navigator services will provide the following activities and services in Fulton County with CSP funding:

Families First's **Behavioral Health Services and Navigator Program** provide holistic, person-centered care that addresses the complex challenges faced by Fulton County residents. Services are delivered **in-office and virtually** to remove barriers to access

and ensure that all families—especially those experiencing housing insecurity, food insecurity, or untreated trauma—receive the support they need.

Through **intensive case management, counseling, and wraparound services**, Families First offers both **intervention and prevention** to help individuals and families build resilience and achieve stability.

How Our Programs Work Together

Families First provides two distinct but interconnected pathways to care:

- **The Behavioral Health Program** focuses on improving the **coping and functioning skills** of children, adults, and families through therapy, mental health support, and crisis intervention.
- **The Navigator Program** supports families through **intensive case management**, helping them **secure housing, employment, education, and access to healthcare** while guiding them toward self-sufficiency.

These services are fully **integrated**—ensuring that clients who enter Families First through one program can seamlessly access the other.

For example:

- A **counseling client experiencing food insecurity** can be referred to **Navigator Services** for SNAP enrollment and housing assistance.
- A **Navigator Services client struggling with substance abuse** will be referred to the **Behavioral Health Department** for therapy and support.

A Holistic, Evidence-Based Approach

Families First delivers **evidence-based and evidence-informed** services that are:

- **Comprehensive** – Addressing behavioral health, social, and economic challenges simultaneously.
- **Accessible** – Available to uninsured, underinsured, and Medicaid-eligible clients.
- **Nonjudgmental and Stigma-Free** – Providing culturally competent and trauma-informed care.
- **Empathetic and Client-Centered** – Designed to meet individuals and families where they are.

With grant funding, **clients who lack insurance or are underinsured** will receive services **on a sliding scale or for free**. Those without coverage will receive assistance enrolling in Medicaid or other health insurance plans.

Proposed Services

Families First’s **comprehensive suite of services** includes:

- **Individual & Family Psychotherapy**
- **Diagnostic Assessment**
- **Medication Management**
- **Nursing/Doula Services**
- **Navigator Case Management** (assistance with **education, employment, housing, basic needs, and school supplies**)
- **Resiliency Assessment**
- **Family Care Planning & Goal Attainment**
- **Teen Pregnancy, Parenting, and Prevention Services**

- **Coaching & Peer Support**
- **Aftercare Support & Follow-Up Services**

These services will be led by the **Director of Clinical Services** and the **Director of Navigator Services**. Families First professionals are **culturally competent** and reflect the diversity of the communities we serve, including **race, language, and sexual orientation**.

Measuring Impact: Tracking Client Resilience

Every client is screened at intake using the **Families First Resiliency Needs Screening (FFRNS-14)** and the **Social Determinants of Health (SDOH)** assessment. These tools measure:

- **Support networks**
- **Community connectedness**
- **Goal orientation**
- **Aspirations for the future**

Reassessments occur every three months, at the end of treatment, and during aftercare to measure growth in **resilience and self-sufficiency**.

Alignment with Fulton County's Health & Human Services Priorities

Families First's programs directly address **Fulton County's Health & Human Services Key Performance Indicators**:

1. **Preventing illness through healthier behaviors**, including **increased access to substance abuse treatment** for opioid use, alcohol use, and vaping.
2. **Reducing health disparities** by increasing the number of residents engaged in **behavioral health services and resource connections**.

Additionally, Families First meets **CCSP's Health and Wellness funding priorities**:

- ✓ **Prevent illness and health disparities** through education and resource connections.
- ✓ **Provide mental health support** to address **depression, stress, trauma, and anxiety**.

Whole-Person, Wraparound Care

Families First's **Behavioral Health and Navigator Programs** provide **holistic, integrated support** to address the **social and economic factors** that contribute to mental health challenges. These services help clients **overcome barriers** such as:

- **Hunger and Food Insecurity** – We assist clients with **SNAP enrollment and referrals** to food pantries and community food resources.
- **Housing Instability** – Navigators help families **secure safe, stable housing** so they can focus on economic mobility.
- **Workforce Readiness** – By stabilizing families, we prepare them to engage in **workforce development and education** opportunities.

By addressing these **underlying social determinants**, we reduce long-term **dependency on social services** and **equip families with the tools they need for long-term success**.

Strategic Partnerships Expanding Our Impact

Families First collaborates with **trusted community partners** to expand access to services and deepen client impact:

- **City of Atlanta** – Provides funding for direct services.
- **Odyssey Family Counseling** – Offers **substance use treatment** for clients needing specialized intervention.
- **Morehouse School of Medicine** – Provides **psychiatric services and medication management**.
- **Raising Expectations** – Offers **virtual schooling and youth programming**; also serves as a **referral partner for Navigator services**.
- **Westside Future Fund** – Connects Families First to **local organizations focused on strengthening Atlanta's Westside**.
- **Laureus Sport for Good** – Engages youth in **sports and healthy living activities**.
- **WorkSource Georgia** – Provides **workforce development and career coaching**.

These partnerships **fill service gaps** and ensure that **families receive a full spectrum of support**—from housing and food security to **mental health care and workforce development**.

Families First's **integrated approach to behavioral health and Navigator services** ensures that Fulton County families receive the support they need to **overcome trauma, achieve stability, and build resilience**. By **addressing immediate needs** while **equipping clients with skills for long-term self-sufficiency**, we are helping to **break the cycle of intergenerational poverty** and create **stronger, healthier communities**.

Through **CCSP funding**, we will continue to **empower individuals and families**—providing **mental health services, wraparound care, and resource connections** that move them from surviving to thriving.

Designation of CSP Funds:

Based on the awarded amount of **\$40,000.00**, 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.)	\$800.00
Operational (25% Operational max of total funds awarded.)	\$0.00
Direct Services	\$39,200.00
<i>Total</i>	\$40,000.00

Explanation of Funding Details:

Families First requests **\$40,000** in Fulton County CCSP funding to support **administrative, operational, and direct services costs** for its **Behavioral Health and Navigator Services**. The requested funding will provide **intensive case management, behavioral health counseling, and essential support services** to families facing economic hardship, housing instability, and mental health challenges.

Funding Allocation Breakdown:

- **Administrative Costs:**

- **\$800** (2%)
- Covers a portion of salaries, benefits, and taxes for **executive/management staff** who provide **program oversight** and **compliance monitoring**.

- **Operational Costs:**

- **\$0**
- No funds are allocated to operational expenses under this request.

- **Direct Services Costs:**

- **\$39,200** (98%)

- Covers **salaries and fringe benefits** for essential program staff, including:
 - **Navigator Services Program Manager**
 - **Navigators (supporting client case management and service connections)**
 - **Behavioral Health Counselor**
- **\$2,000 earmarked for direct client support**, including **basic needs assistance** such as:
 - Rent assistance
 - Utility payments
 - Food and shelter
 - Transportation assistance

Spending Plan by Reporting Period:

1. January – June:

- **\$20,000** (50% of the total funding)
- Focus on **client intake, assessment, and stabilization**, ensuring families receive immediate **behavioral health counseling, case management, and access to essential resources**.
- Supports **staff salaries and benefits**, as well as **basic needs assistance** for clients.

2. July – December:

- **\$20,000** (remaining 50%)
- Focus on **ongoing case management, behavioral health interventions, and aftercare support**.
- Ensures **clients remain engaged in services, achieve treatment plan goals, and build long-term resiliency**.

Impact of Funding:

With **\$40,000 in CCSP funding**, Families First will:

- Provide **behavioral health counseling and intensive case management** to at least **20 unduplicated clients**.
- Assist families in **overcoming barriers** such as **housing instability, food insecurity, and lack of mental health access**.
- Ensure that **families become more resilient and self-sufficient**, reducing long-term reliance on social services.

Program Performance Measures:

Families First, Inc. 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:

Families First has identified **four key outcomes** for the coordination of **Behavioral Health and Navigator Services**:

1. **Decrease barriers** to physical and mental health services.
2. **Increase clients’ feelings of safety and stability.**
3. **Improve overall family functioning.**
4. **Stabilize families for the long-term.**

Building Resilience as the Foundation for Success

Strengthening **resilience** is central to achieving these outcomes. Upon program entry, **each family is screened** using the **Families First Resiliency Needs Screening (FFRNS-14)** and the **Social Determinants of Health (SDOH)** assessment. These tools:

- ✓ Identify **immediate needs**, such as housing, food, and safety.
- ✓ Develop a **customized treatment plan** addressing **education, medical and mental healthcare, and long-term stability.**

We recognize that when **basic needs are met**, clients can focus on:

- **Family relationships and dynamics**
- **Workforce development and education**
- **Long-term self-sufficiency**

By developing **self-advocacy skills**, clients learn to **navigate community resources** and maintain stability **physically, mentally, emotionally, and spiritually.**

Evidence-Based, Trauma-Informed Care

Families First staff are trained in **Motivational Interviewing (MI)**—a **goal-oriented, client-centered** counseling style that enhances **intrinsic motivation for behavioral change.**

We also incorporate **Trauma-Informed Care**, following **nine key principles**:

- ✓ **Safety**
- ✓ **Transparency**
- ✓ **Peer Support**
- ✓ **Collaboration**
- ✓ **Empowerment**
- ✓ **Voice & Choice**
- ✓ **Cultural Sensitivity**
- ✓ **Historical Consideration**
- ✓ **Gender Responsiveness**

Mental health is **fundamental** to the **safety, well-being, and success** of children, families, and the community.

Addressing Barriers to Economic Stability

While addressing **mental health challenges**, Families First also works with clients on **education and career goals** through **workforce development partnerships**. **Building job skills** and increasing knowledge are **directly correlated** to long-term stability, reducing **dependence on social services**.

To support lasting change, Families First:

- ✓ **Monitors client progress** throughout program participation.
- ✓ **Scores family resilience** at program exit and through aftercare check-ins (6–18 months post-program).
- ✓ **Evaluates mental, physical, and emotional stability** during follow-up services.

Ensuring Effective Utilization of Services

Families First **counselors and Navigators** work with each client to ensure:

- **Completion of treatment plans.**
- **Utilization of supportive services.**
- **Sustained progress toward self-sufficiency.**

By combining **behavioral health** and **Navigator services**, we **strengthen families' ability to remain housed, achieve economic stability, and improve mental health outcomes**. Clients who **develop resilience** are better equipped to **handle future challenges**, relying on community resources rather than returning to Families First or partner agencies.

Addressing Generational Trauma & Workforce Barriers

Many clients experience **unresolved trauma** from **generations of poverty**, resulting in **mental health challenges that hinder employment**. Families First:

- ✓ Provides **mental health counseling** to help clients **overcome anxiety, depression, and trauma**.
- ✓ Supports clients in **engaging with workforce development** initiatives.
- ✓ Prepares individuals for **long-term employment success**.

Continuous Quality Improvement & Evaluation

Because **treatment plans** are tailored to each client's **unique needs**, **milestone achievements** will vary. However:

- **Counseling treatment goals** are reassessed **every 90 days**.
- The **FFRNS is completed** every 90 days, at program exit, and during aftercare.

Families First's **Continuous Quality Improvement (CQI) Team** is responsible for:

- ✓ **Monitoring and evaluating** agency programs.
- ✓ **Ensuring compliance** with grants, contracts, and strategic goals.
- ✓ **Applying a 360-degree evaluation model**, incorporating **participants, staff, and community partners**.

Data collection and review:

- **Service inputs, participation rates, and feedback** are tracked **bi-monthly** in Families First's database.
- **Program rosters** are maintained to **monitor engagement** and guide **outreach and recruitment efforts**.
- The program is formally evaluated using a **logic model and evaluation plan**.
- **Client satisfaction surveys** provide insight into program impact from the **client's perspective**.
- The **Data & Evaluation Analyst** conducts formal evaluations to **assess program effectiveness** and recommend **adjustments** if outcomes are not met.

Performance Measures

Families First will **compile and report** on the following **county-defined performance measures**:

- **Number of individuals connected to available resources** to mitigate illness and health disparities.
- **Number of individuals receiving referrals** to behavioral health and other supportive services.
- **Number of individuals who report or demonstrate improved health-related outcomes** or other "quality of life" improvements.

Grant Period Goals

By the **end of the contract period**, Families First aims to achieve:

- ✓ **80%** of clients will **increase overall resiliency**.
- ✓ **75%** of clients will **reduce barriers to healthcare access** due to **out-of-pocket costs**.
- ✓ **80%** of clients will **show progress on at least one treatment or family care plan goal**.
- ✓ **75%** of clients will **increase their perception of social support**.

Through **Behavioral Health and Navigator Services**, Families First ensures that clients **receive the support they need to achieve stability**. Our **comprehensive evaluation process** tracks **real-time progress**, allowing for **ongoing adjustments** to maximize program effectiveness.

By strengthening **resiliency, reducing barriers, and fostering long-term stability**, Families First is **empowering families** to **break cycles of poverty, overcome trauma, and achieve lasting success**.

Agency Defined Performance Measure(s):

Agency-Defined Performance Measures

Families First will track and report on the following **performance measures**:

- **Resiliency Growth** – Clients will **increase overall resiliency**.
- **Healthcare Access** – Clients will **reduce barriers to healthcare access** due to **out-of-pocket costs**.
- **Goal Achievement** – Clients will **show progress** on at least **one goal** in their **treatment plan or family care plan**.
- **Social Support** – Clients will **increase their perception of social support**.

Data Collection & Evaluation

Families First has a **comprehensive data collection process** to measure program impact and participant progress.

- **Baseline data** is collected at **intake** and used by **Behavioral Health and Navigator staff** to develop and monitor **individual goals and treatment plans**.
- Clients are screened for **resilience** using the **FFRNS-14 Screening** at **intake, program exit, and throughout aftercare** to track progress over time.
- **Program participation is tracked** through maintained and evaluated rosters, guiding **outreach and recruitment**.
- Additional **surveys, assessments, and evaluations** may be developed and administered to inform **program design and continuous improvement**.

Key Metrics

Families First will measure and report on:

- ✓ **Number of individuals connected to available resources** to help mitigate **illness and health disparities**.
- ✓ **Number of individuals receiving referrals to behavioral health and supportive services**.
- ✓ **Number of individuals who report or demonstrate improved health-related outcomes or other quality of life improvements**.

By **tracking these key indicators**, Families First ensures that **program effectiveness is continuously evaluated and optimized**, leading to **stronger outcomes for clients and the community**.

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 **\$40,000.00**.

(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:

Families First, Inc.

80 Joseph E. Lowery Blvd. NW

Atlanta, Georgia 30314

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 **Families First, Inc.**, 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:	FAMILIES FIRST, INC.
Project No. and Project Title:	30124 - Families First CSP 2025

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:

86106

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

1/7/2008

Date of Authorization

FAMILIES FIRST, INC.

Authorized Officer or Agent
(Name of Contractor)

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

Paula Moody

Printed Name (of Authorized Officer or Agent of Contractor)

Paula Moody
Signature (of Authorized Officer or Agent)

Chief Executive Officer

Title (of Authorized Officer or Agent of Contractor)

3/5/2025
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

5 DAY OF March, 2025

Alice S. Maddox
Notary Public

My Commission Expires: 06/06/2028

[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:	FAMILIES FIRST, INC.
Project No. and Project Title:	N/A

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.

86106

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

1/7/2008

Date of Authorization

FAMILIES FIRST, INC

Authorized Officer of Agent
(Name of Subcontractor)

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

Paula Moody

Printed Name (of Authorized Officer or Agent of Contractor)

Signed by:

Signature (of Authorized Officer or Agent)

Chief Executive Officer

Title (of Authorized Officer or Agent of Contractor)

2/28/2025

Date Signed

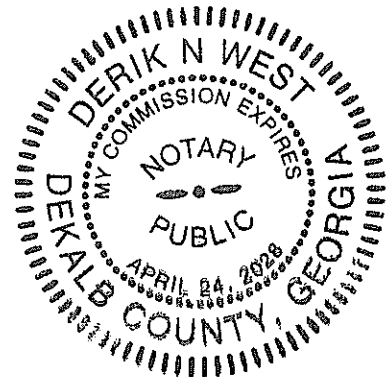
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

28th DAY OF February, 2025

D. K. N. West
Notary Public

My Commission Expires: 04-24-2028

[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).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2025

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 Sterling Seacrest Pritchard, Inc. 2500 Cumberland Pkwy. Suite 400 Atlanta GA 30339	CONTACT NAME: Felicia Samuels PHONE (A/C, No, Ext): 404-949-1094 E-MAIL ADDRESS: fsamuels@sspins.com FAX (A/C, No): 404-261-5440														
INSURED Families First 80 Joseph E Lowery Blvd Atlanta GA 30314	<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 : CHURCH MUTUAL INSURANCE CO</td> <td>18767</td> </tr> <tr> <td>INSURER B : CFC Underwriting</td> <td></td> </tr> <tr> <td>INSURER C : KEY RISK INSURANCE</td> <td></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 : CHURCH MUTUAL INSURANCE CO	18767	INSURER B : CFC Underwriting		INSURER C : KEY RISK INSURANCE		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : CHURCH MUTUAL INSURANCE CO	18767														
INSURER B : CFC Underwriting															
INSURER C : KEY RISK INSURANCE															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1713899351**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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0450090 25-861965	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			0450090 09-861964	3/1/2025	3/1/2026	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			0450090 85-861966	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
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	N/A	KRM212926109	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
B A	Cyber Liability Professional Liability			ESM0139873531 0450090 25-861965	3/1/2025 3/1/2025	3/1/2026 3/1/2026	Cyber Liability 2,000,000 Professional Liab 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is included as additional insured per the attached form (CMCG 12 09 05 21).

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government
 141 PRYOR ST SW
 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.

- a. If coverage is provided by the Property Coverage Part (if any) of this policy; or
- b. If the loss is covered by any other valid and collectible insurance.

G. Broadened Definition Of Who Is An Insured

1. Unnamed Subsidiaries

- a. The following is added to Paragraph 2. of **Section II - Who Is An Insured**:

Any of your subsidiaries, other than a partnership, joint venture or limited liability company, that is not shown as a Named Insured in the Declarations is an insured if:

- (1) You are the sole owner of, or maintain an ownership interest of more than 50% in, such subsidiary on the first day of the policy period; and
- (2) Such subsidiary is not an insured under similar other insurance.

No such subsidiary is an insured for "bodily injury" or "property damage" that occurred, or "personal and advertising injury" caused by an offense committed:

- (1) Before you maintained an ownership interest of more than 50% in such subsidiary; or
- (2) After the date, if any, during the policy period that you no longer maintain an ownership interest of more than 50% in such subsidiary.

- b. Subject to 1.a. above, the following are also insureds:

- (1) If the subsidiary is an organization, the subsidiary's "executive officers" and directors are insureds, but only with respect to their duties as the subsidiary's officers or directors. The subsidiary's stockholders are also insureds, but only with respect to their liability as stockholders.
- (2) If the subsidiary is a trust, the subsidiary's trustees are also insureds, but only with respect to their duties as trustees.

H. Automatic Additional Insured

Section II - Who Is An Insured is amended to include the following as additional insureds:

1. Persons Or Organizations As Required By Written Contract Or Agreement - Exception For Law Enforcement

Any person or organization that is not otherwise an insured under this Coverage Part and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" that:

- a. Occurs subsequent to the signing of that contract or agreement;
- b. Is caused, in whole or in part, by your acts or omissions or the acts or omissions of any person or organization acting on your behalf; and
- c. Arises out of your operations or the ownership, maintenance or use of premises you own or rent.

The most we will pay on behalf of the additional insured is the amount of insurance:

- a. Required by the contract or agreement you have entered into with the additional insured; or
 - b. Available under the applicable limit of insurance;
- whichever is less.

Coverage under this provision does not apply to any:

- a. Law enforcement officer;
- b. Public safety organization; or
- c. Public entity;

that you contract with to enforce the law and protect persons or property for you or on your behalf.

2. Lessors Of Leased Equipment

- a. Any person(s) or organization(s) from whom you lease equipment when you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy. Such person(s) or organization(s) is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However, the insurance afforded to such additional insured:

- (1) Only applies to the extent permitted by law; and
- (2) Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

- b. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- c. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- (1) Required by the contract or agreement you have entered into with the additional insured; or
 - (2) Available under the applicable limits of insurance;
- whichever is less.

3. Mortgagees, Assignees Or Receiver

- a. Any person(s) or organization(s) that is a mortgagee, assignee or receiver and that you have agreed in a written contract or agreement to include as an additional insured on this Coverage Part, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you.

However:

- (1) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- b. This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.
- c. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- (1) Required by the contract or agreement; or
 - (2) Available under the applicable limits of insurance;
- whichever is less.

4. Owners, Managers Or Lessors Of Premises

- a. Any person(s) or organization(s) that is a premises owner, manager or lessor, but only with respect to liability or "bodily injury", "property damage", or "personal and advertising injury" caused in whole or in part by your and those acting on your behalf in connection with the ownership, maintenance or use of that part of any premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) that is a premises owner, manager or lessor as describe above.

However:

- (1) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- b. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- (1) Required by the contract or agreement; or
 - (2) Available under the applicable limits of insurance;
- whichever is less.

5. Governmental Entities - Permits Or Authorizations Relating To Premises

- a. Any state or governmental agency or subdivision or political subdivision that issued a permit or authorization with respect to premises owned or occupied by, or rented or loaned to you, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

- (1) The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
- (2) The construction, erection or removal of elevators; or
- (3) The ownership, maintenance or use of any elevators covered by this insurance.

However:

- (1) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- b. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- (1) Required by the contract or agreement; or
 - (2) Available under the applicable limits of insurance;
- whichever is less.

6. Governmental Entities - Permits Or Authorizations Relating To Operations

- a. Any state or governmental agency or subdivision or political subdivision that has issued a permit or authorization with respect to operations performed by you or on your behalf, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- (a) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- (b) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

(2) This insurance does not apply to:

- (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

b. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- (1) Required by the contract or agreement; or
 - (2) Available under the applicable limits of insurance;
- whichever is less.

The addition of the above automatic additional insureds shall not increase the applicable limits of insurance.

I. Incidental Medical Malpractice

1. The following is added to Paragraph **2.a.(1)** of **Section II - Who Is An Insured**.

Unless you are in the business or occupation of providing professional health care services, Paragraphs **2.a.(1)(a)** through **(d)** above do not apply to "bodily injury" arising out of providing or failing to provide:

- a. "Incidental medical services" by any "employee" of yours who is a nurse, nurse assistant, emergency medical technician or paramedic; or
- b. First aid, including first aid provided by a good Samaritan, by any of your "employees" or "volunteer workers", other than a doctor. Any such "employees" or "volunteer workers" providing or failing to provide first aid, including first aid provided by a Good Samaritan, during their work hours for you will be deemed to be acting within the scope of their employment or volunteer duties related to the conduct of your business.

2. The following is added to Subparagraph **(1)** of Paragraph **4.b., Excess Insurance**, under **Section IV - Commercial General Liability Conditions**:

(1) This insurance is excess over:

Any other valid and collectible insurance, whether primary, excess, contingent or on any other basis, that is available to any of your "employees" or "volunteer workers" for "bodily injury" that arises out of providing or failing to provide "incidental medical services" or first aid to any person.

3. With respect to Incidental Medical Malpractice, the following is added to "occurrence" of the **Definitions** section.

An act or omission committed in providing or failing to provide "incidental medical services" or first aid to a person, unless you are in the business or occupation of providing professional health care services. This includes first aid provided by a good Samaritan. All related acts or omissions committed in providing or failing to provide "incidental medical services" or first aid to any one person will be considered one "occurrence".

4. The following are added to the **Definitions** section:

"Incidental medical services" means:

- a. Medical, surgical, dental, laboratory or nursing service or treatment, advice or instruction, or the related furnishing of food or beverages; or
- b. The furnishing or dispensing of drugs or medical, dental, or surgical supplies or appliances.

J. Newly Formed Or Acquired Entities

1. Paragraph **3.a** of **Section II - Who Is An Insured** is replaced by the following:

- a. Coverage under this provision is afforded only until the day shown in the Schedule of this endorsement after you acquire or form the organization or the end of the policy period, whichever is earlier;

2. The following is added to Paragraph 3 of **Section II - Who Is An Insured**:

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 Families First, Inc.

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

Signed by: Name of Signatory: Paula M. Moody
Paula Moody
Title of Signatory: CEO
BBA79C68F58949A...
Authorized Signature

ATTEST:

ATTEST:

Signed by:
Tonya R. Grier
EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Signed by: Name of 2nd Signatory: Schwanna C. Lakine
Schwanna C. Lakine
Title of 2nd Signatory: CFO
7117F959926A449...
Second Authorized Signature

(Affix County Seal)



(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:
David Lowman
0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:
Stanley Wilson
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: 90351D4F-E7B6-4F29-9CE9-9721C3AAAD32

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Families First, Inc.-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 31

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: 166.137.19.22

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/11/2025 3:16:28 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

Paula Moody

paula.moody@familiesfirst.org

CEO

Families First

Security Level: Email, Account Authentication
(None)

Signed by:

Paula Moody
BBA79C68F58949A...

Sent: 6/11/2025 3:22:31 PM

Viewed: 6/11/2025 6:01:04 PM

Signed: 6/11/2025 6:02:01 PM

Signature Adoption: Pre-selected Style

Using IP Address: 73.137.255.125

Electronic Record and Signature Disclosure:

Accepted: 6/11/2025 6:01:04 PM

ID: 001aaf5c-3204-45bd-8cc3-083b81b86aee

Schwanna C. Lakine

schwanna.lakine@familiesfirst.org

CFO

Families First, Inc.

Security Level: Email, Account Authentication
(None)

Signed by:

Schwanna C. Lakine
7117F959926A449...

Sent: 6/11/2025 6:02:04 PM

Resent: 6/20/2025 2:39:32 PM

Resent: 6/23/2025 9:04:23 AM

Viewed: 6/23/2025 9:30:36 AM

Signed: 6/23/2025 9:57:15 AM

Signature Adoption: Pre-selected Style

Using IP Address: 99.148.228.248

Electronic Record and Signature Disclosure:

Accepted: 6/23/2025 9:30:36 AM

ID: ac79b4f2-93db-4635-9253-c22a94843e62

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 74.174.59.4

Sent: 6/23/2025 9:57:18 AM

Viewed: 6/23/2025 11:51:10 AM

Signed: 6/23/2025 11:51:24 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Stanley Wilson

Stanley.Wilson@fultoncountyga.gov

Director

Stanley Wilson

Security Level: Email, Account Authentication
(None)

DocuSigned by:

Stanley Wilson
5E4D76DFB4A0450...

Sent: 6/23/2025 11:51:26 AM

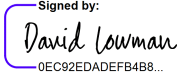


Resent: 6/24/2025 9:44:51 AM

Viewed: 6/24/2025 12:18:22 PM

Signed: 6/24/2025 12:18:28 PM

Signature Adoption: Pre-selected Style

Using IP Address: 75.43.132.102

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 74.174.59.4	Sent: 6/24/2025 12:18:30 PM Resent: 6/25/2025 1:08:38 PM Viewed: 6/25/2025 3:47:50 PM Signed: 6/25/2025 3:49:48 PM
Electronic Record and Signature Disclosure: Accepted: 6/25/2025 3:47:50 PM ID: c851105e-9f39-435e-82ba-cb12b5eed7c9		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  <small>0EC92EDADEFB4B8...</small> Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4	Sent: 6/25/2025 3:49:51 PM Viewed: 6/25/2025 3:50:36 PM Signed: 6/25/2025 3:51:23 PM
Electronic Record and Signature Disclosure: Accepted: 6/25/2025 3:50:36 PM ID: b7e56c63-b7a6-4100-83ee-ee9f289907ea		
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: 6/25/2025 3:51:26 PM Viewed: 6/27/2025 2:16:43 PM Signed: 6/27/2025 2:17:19 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  <small>BA715B1A26544E7...</small> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 2:17:21 PM Resent: 6/30/2025 11:50:58 AM Viewed: 6/30/2025 11:54:40 AM Signed: 6/30/2025 11:54:46 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  <small>EEC476C4837648D...</small>  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 6/30/2025 11:54:48 AM Viewed: 7/1/2025 12:23:37 PM Signed: 7/1/2025 12:23:53 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

Signer Events	Signature	Timestamp
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 12:23:57 PM Resent: 7/3/2025 10:45:54 AM Viewed: 7/9/2025 10:13:33 AM Signed: 7/9/2025 10:13:38 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
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 6/11/2025 3:22:30 PM Viewed: 6/11/2025 3:24:10 PM
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: 6/11/2025 3:22:30 PM Resent: 7/9/2025 10:13:47 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: 6/11/2025 3:22:31 PM Viewed: 7/9/2025 10:19:47 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 10:13:42 AM Viewed: 7/9/2025 10:20:22 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/11/2025 3:22:30 PM
Certified Delivered	Security Checked	7/9/2025 10:13:33 AM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	7/9/2025 10:13:38 AM
Completed	Security Checked	7/9/2025 10:13:42 AM
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.