



RATIFICATION

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of contract: 1 year <input type="checkbox"/> Multi-year <input type="checkbox"/> Single Event <input checked="" type="checkbox"/>		CC Use Only Contract #:
<ul style="list-style-type: none"> Submission Information 		<ul style="list-style-type: none"> Vendor Information
Contact Name: Keisha Green Department: Talent Management Project Title: Conciliation Agreement - EEOC Charge Number 410-2021-06171 Funding Account Number: Contract amount: Contract Type: Goods () Services () Labor () Contract Action: New () Renewal () Change Order () Original Contract Number:		Vendor Name: Address: Address: Email: Phone #: Contact: Term of contract: One-time
Chief Financial Officer Signature		Procurement Officer Signature
I have reviewed the attached contract, and the amount is approved for processing.		I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County.
Signature: _____	Date: _____	Signature: _____ Date: _____
<p>Conciliation Agreement for Ratification EEOC Charge Number 410-2021-06171, Settlement Amount \$100,000</p> <p>ACCG-IRMA contributed \$75,000.00 towards the settlement in the above matter, which includes Rockdale County's \$25,000.00 deductible. Rockdale County contributed the deductible and remaining balance of \$25,000.</p>		

Department Head/Elected Official Signature:

Date:

Joni [Signature]

12/4/24

2024-647



November 18, 2024

Ms. Keisha Green
Rockdale County Employee Relations Manager
958 Milstead Avenue
Conyers, GA 30012

Re: Claim #: 6250057393
Claimant: Andre Springer
EEOC #: 410-2021-06171
Date of Loss: July 12, 2021

Dear Ms. Green:

This letter will confirm ACCG-IRMA contribution of \$75,000.00, (this amount includes the County's \$25,000.00 deductible) towards the settlement in the above matter.

Should you have questions, please feel free to contact Joann D. Francis at the information provided below.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Joann D. Francis".

Joann D. Francis
Senior Claim Examiner
Phone: (678) 225-4252
Fax: (470) 745-6061
Email: jfrancis@accg.org

Enclosures

ACCG Claims Administration Services
191 Peachtree Street NE, Suite 700
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Protecting Georgia's Counties.