





Media Release

For and in consideration of the opportunity to be featured in one or more print, online articles, blogs, videos, or other media relating to H.O.P.E., INC. (herein referred to for the purposes of this release as, ("H.O.P.E., INC. "), the value of which is acknowledged hereby, I, the undersigned, authorize H.O.P.E., INC. to use my name and likeness (including voice, photograph and/or persona recorded on film) for the purposes of promotion, advertisement, social media use, trade, or for any lawful purpose as designated by H.O.P.E., INC. I agree that H.O.P.E., INC. agent/employee/volunteer may use my name and likeness for any lawful purpose and such use will be factually accurate and will be used in a non-derogatory manner.

This media release is to hereby release and forever transfer to H.O.P.E., INC. the rights of the above-mentioned material and its subsequent use. H.O.P.E., INC. may elect to use, in whole or in part, any images or sound taken or captured by H.O.P.E., INC. agent/employee/volunteer as mentioned above. The material can be used in perpetuity, by any means and throughout any form of media and in any form of visual and/or audio format, whether in print form, for internet/web use, through social media channels, video, film sound recording, DVD, CD-ROM, multimedia data files, digital files, etc.

By signing this media release, I hereby waive any claim(s) I may otherwise have against H.O.P.E., INC. for defamation, invasion of privacy, libel, slander, right of publicity infringement, and/or for the violation of any right, arising from or relating to any rights granted to H.O.P.E., INC. for such usage as mentioned above under the terms of this release. I further understand that the consideration for the usage of my name and likeness is for the opportunity to be featured in any form as stated in first paragraph and not for any present, or in anticipation of any future payment or gifting.

By signing this release, I warrant that I am at least eighteen years (18) of age, not a minor, I am not signing under duress, and I am of sound mind and capacity. My signature on this release also designates that I have read and fully understand the terms of this release, and that this release binds and benefits the present parties, their successors and assigns.

By signing this release, I understand that the terms of this release shall be construed in accordance with and interpreted by the laws of the state of Georgia. I acknowledge that I have read, understand and agree to the terms of this media release:

Date: February 20, 2019
Print name: Darlene Clark
Address: 5523 Windwood Rd, College Park, GA 30349
Telephone: 7-873-4328
Signature: Darlene Clark

S.C.
Participant's Initials

H.O.P.E., INC.

PROGRAM PARTICIPANT AGREEMENT

This Program Participant Agreement (this "**Agreement**") is entered as of the date written on the signature page of this Agreement, by H.O.P.E., Inc. (the "**Organization**"), a Georgia non-profit corporation, and the individual identified as "Participant" on the signature page of this Agreement ("**you**").

1) Agreement. This Agreement sets forth various terms governing the relationship between you and the Organization regarding your enrollment in the Organization's Hope for Low-Income Single Parents (H-LISP) Program (the "**Program**"). The terms of this Agreement are in addition to any other terms and conditions of the Program that may have been presented to or discussed with you, including any terms and conditions available on the Organization's website at <http://www.hopbe.org>, any terms and conditions that you agree to when submitting your application for enrollment in the Program, and any other terms and conditions imposed by the Program following the date of this Agreement. You agree that your continued enrollment in the Program will constitute your acceptance of any clearly communicated terms or conditions imposed by the Program following the date of this Agreement.

2) Representations of Participant. By signing this Agreement, you certify the following to the Organization:

- a. You are a citizen of the United States of America.
- b. You are a parent of one or more legal minors.
- c. You are not married, civilly united or any substantive equivalent.
- d. You are a high school graduate or have obtained a G.E.D.
- e. You are enrolled in a two or four-year accredited, degree-granting college as a full-time student.
- f. In connection with your college enrollment, you have maintained a grade point average of 2.7 or higher. If this statement is not applicable to you due to alternative school grading policies or grading scales, you have provided an explanation on Addendum 1 to this Agreement.
- g. You have been employed as a full-time or part-time, paid employee during the 6 months prior to the date of this Agreement.
- h. You have substantial financial need for the services offered by the Organization. You agree that if there is any significant change in your financial circumstances that reduces your financial need for these services, you will promptly notify the Organization of such change and your enrollment in the Program may be reevaluated by the Organization at such time.

3) Program Requirements. As a condition to your continued enrollment in the Program, you will comply with the following requirements:

- a. You will attend all regularly-scheduled life skills training seminars or webinars hosted by the Organization ("**Seminars**"). You will be permitted to miss one Seminar per semester without penalty. Any other absences will be excused only in the Organization's discretion and the Organization maintains the right to terminate your enrollment in the Program immediately in the event you miss more than one Seminar in a semester, regardless of the reason for such absence(s).
- b. You will maintain at least part-time employment (24 hours per week) throughout the period that you are enrolled in the Program. In the event that your employment is terminated through no fault of your own (for example, in connection with employee lay-offs, business closing, etc.), you will have three months with which to find other employment. During that period, you will be required to submit a record of your job search activities. Such record must demonstrate that you have made at least 30 job inquiries per week. Upon request, you will provide the Organization with evidence of your job inquiries (for example, a copy of your online job application submission, email or interviewer contact information). In addition, during such period you will be required to volunteer for one or more non-profit or civic organizations for at least 10 hours per week. Upon request, you will provide the Organization with evidence satisfactory to the Organization of your compliance with this volunteering requirement.
- c. You will remain enrolled as a full-time student in a two or four-year accredited, degree-granting college at all times during your enrollment in the Program. If at any time you are not enrolled in such college (including during the summer months), all stipend payments made by the Organization will be discontinued until you provide verification of re-enrollment satisfactory to the Organization.
- d. In the event that you choose to take time off from college due to unavoidable circumstances (such as serious illness, major surgery, etc.), you will not receive any stipends or other financial assistance from the Program and you will be placed on "inactive" status within the Program. Your position within the Program will be reserved until the beginning of the following semester of your college, during which period you will be required to attend all mandatory training seminars/webinars. If you fail to re-enroll in college for the following semester, you will be un-enrolled from the Program.
- e. Promptly following the date of this Agreement, you will open and maintain a savings account with a financial institution of your choosing. Throughout your enrollment in the Program, you will contribute a reasonable amount of funds, as they become available, to your savings account in accordance with the Organization's guidance

- f. Within ten days following the end of each college semester, and at any other time during your enrollment within the Program upon the Organization's request, you will provide the Organization with the following materials:
 - i. Verification of college enrollment status in the form of an enrollment verification letter or similar official document;
 - ii. Proof of income in the form of paycheck stubs for the last four pay cycles;
 - iii. Verification of your GPA in the form of unofficial college transcripts. If requested by the Organization, you will provide the Organization with a copy of your official transcript; and
 - iv. Proof of maintenance of a savings account by the provision of a recent bank account statement. You agree to remove or redact (for example, blacked out with dark ink) all personal information contained on such bank account statement prior to submitting the statement to the Organization. YOU AGREE THAT THE ORGANIZATION WILL NOT BE RESPONSIBLE OR LIABLE FOR MAINTAINING THE CONFIDENTIALITY OF ANY PERSONAL INFORMATION NOT PROPERLY REDACTED FROM YOUR BANK ACCOUNT STATEMENT.
- 4) Media Release. You acknowledge that you have been provided with a form of Media Release which, among other things, grants the Organization permission to share certain information about you and your participation in the Program with current and potential donors, media organization, and other third parties. You agree that your enrollment in the Program is conditioned on you signing the Media Release. The Organization agrees that, upon your request, the Organization will keep confidential your name, picture and other identifying information as you may reasonably request in writing.
- 5) Termination from Program. In the event that you fail to comply with any of the terms or conditions of this Agreement, or in the event that any representation made in this Agreement is discovered to be untrue, your enrollment in the Program may be immediately terminated by the Organization. Additionally, the Organization may terminate your enrollment in the Program in the event that the Organization determines, in its sole discretion, that you have engaged in any of the following conduct:
 - a. Commission of a state or federal crime (whether misdemeanor or felony);
 - b. Child or domestic abuse;
 - c. Fraudulent or other dishonest conduct;
 - d. Conduct detrimental to the reputation of the Program; or
 - e. Drug or alcohol abuse.

D.C.
Participant's Initials

The Organization maintains the right to modify the services offered as part of the Program, increase or reduce the eligibility requirements for participants in the Program, impose additional obligations on participants in the Program, or discontinue the Program and terminate the enrollment of all participants in the Program at its sole option.

- 6) Participant's Cooperation Post-Program. Following your graduation from the Program, you agree to report to the Organization upon request your income, academic and career status, and college and/or graduate school grades. Such information will be used to evaluate the effectiveness and impact of the Program.
- 7) LIMITATION OF LIABILITY. IN NO EVENT WILL THE ORGANIZATION OR ANY OF ITS REPRESENTATIVES HAVE ANY LIABILITY TO YOU IN CONNECTION WITH YOUR ENROLLMENT IN THE PROGRAM OR THE TERMINATION OF YOUR ENROLLMENT FROM THE PROGRAM, WHETHER PURSUANT TO THIS AGREEMENT OR OTHERWISE, EXCEPT FOR LIABILITY ARISING FROM THE ORGANIZATION'S GROSSLY NEGLIGENT ACTS OR OMISSIONS, WILLFUL MISCONDUCT OR FRAUD.
- 8) Miscellaneous. You acknowledge that you have reviewed this Agreement in detail and have had, or waive, the opportunity to consult with independent counsel regarding this Agreement. This Agreement will be governed by and interpreted according to the laws of the State of Georgia. Any legal suit, action or proceeding arising out of or based upon this Agreement or relating to the Program will be instituted in the federal or state courts located in Atlanta, Georgia.

[SIGNATURE PAGE FOLLOWS]

D.C
Participant's Initials

This Program Participant Agreement has been entered into by the parties signed below,
effective as of February 20, 2019.

Participant:

Signature: Darlene Clark

Printed Name: Darlene Clark

Organization:

H.O.P.E., INC.

By _____

Name: _____

Title: _____



Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302
www.ccwa.us (770) 960-5200

MESSAGE CENTER

Did you know that you can pay your CCWA bill for a nominal fee at Wal-Mart locations? Simply take your billing statement to the Money Center for processing.

Please refer to the back of this statement for our payment options and additional information.

Account Number		Name				Service Address			
045986-19		DARLENE CLARK				5523 WINDWOOD RD			
Read Dates					Meter Reading				
Bill Date	Meter Number	Previous	Present	Billing Days	Reading Type	Previous	Present	Usage in Thousands	Reading Cycle
2/15/19	0012285502	1/2/19	2/1/19	30	Actual	178	181	3	09

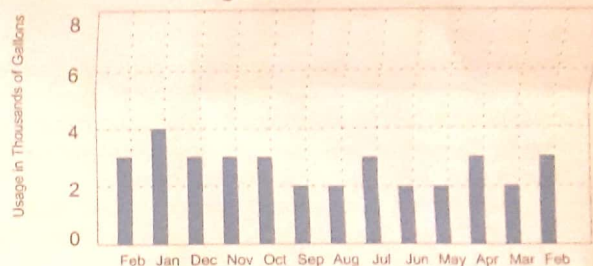
Amount From Previous Bill	Late Charges Added	Payments	Charges	Credits	Balance Forward	Current Charges	Total Amount Due
66.24	5.09	0.00	0.00	0.00	71.33	39.32	110.65

Amount From Previous Bill 66.24
LATE FEE 02/08/2019 5.09

	RATE	USAGE	CHARGES
Water Base Charge			10.05
Water Conservation Tier 1	2.37	3	7.11
Total - Water Charges			17.16
Sewer Base Charge			10.73
Sewer Residential Tier 1	2.56	3	7.68
Total - Sewer Charges			18.41
Stormwater Charge			3.75
Total - Stormwater Charges			3.75

CURRENT CHARGES 39.32
TOTAL AMOUNT DUE 110.65

Usage Information



	1 Year Ago	Last Month	This Month
Total 1K Gallons	3	4	3
Days in Billing Period	30	33	30

10% Late Fee added if current charges are not paid by 3/7/19

*****To avoid disconnection please pay on or before 02/22/2019*****



Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302
www.ccwa.us (770) 960-5200

RETURN SERVICE REQUESTED

002958

****AUTO**5-DIGIT 30349 2958 T10:14 2958 1 AV 0.380
DARLENE CLARK
5523 WINDWOOD RD
COLLEGE PARK GA 30349-6475



CLAYTON COUNTY WATER AUTHORITY
P.O. BOX 117195
ATLANTA, GA 30368-7195

09045986190000110650000114578

Account Number 045986-19
Past Due Amount 71.33
Disconnect Date for Past Due Amount 02/22/2019
Current Charges Due (3/7/19) 39.32
Total Amount Due 110.65

Payment Amount



Darlene Clark
5523 Windwood Rd
Atlanta GA 30349-0000

Bill Date: 01/30/19
Rate Plan: Fixed
Rate Plan Expiration: February 2019
Pay Online: GasSouth.com/pay

Atlanta Gas Light Emergencies or Leaks: 770.907.4231 or 1.877.427.4321

Gas South Customer Service: 678.504.2820 or gassouth.com

Message Center

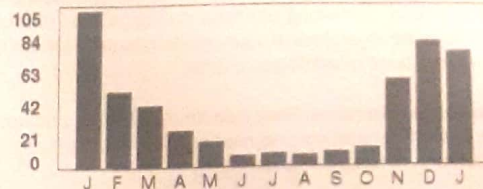
Your fixed rate expires next month. Visit gassouth.com/myrate to select a new fixed rate today.

Gas South Account Number	Past Due Pay Immediately	New Charges	New Charges Due Date	Total Amount Due
2460302973	\$101.43	\$100.44	Feb 21, 2019	\$201.87

Explanation of Charges

Previous Balance	\$184.43
Payment	\$83.00 CR
Past Due Balance	\$101.43
Gas Charges	\$42.07
Customer Service Fee	\$9.95
AGL Pass Through Charges (Jan)	\$31.71
Taxes	\$6.71
Late Fee	\$10.00
Total New Charges	\$100.44
Total Amount Due	\$201.87

Consumption History

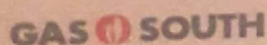


How We Calculated Your Gas Charges (AGL Number: 6203950175, DDDC Factor: 0.872)

Meter Start	Meter End	Days of Service	Beginning Read	Ending Read	CCFs Used	Thermal Factor	Therms Used	Rate per Therm	Gas Charges
12/27/2018	01/25/2019	29	3381	3453	= 72 X	1,025 =	73.80 X	0.5700 =	42.07

Copyright © 2019 Gas South

Please return this portion with a check or money order made payable to Gas South. Please do not send cash.
☐ If address has changed, please check here and complete the information on the back of the remittance slip.

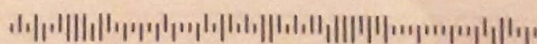


AV 01 012020 77619B 59 A**5DGT

DARLENE CLARK
5523 WINDWOOD RD
ATLANTA GA 30349-6475

Account Number:	2460302973
Total Amount Due	\$201.87
Past Due Balance Pay Immediately	\$101.43
Amount Enclosed	

GAS SOUTH
PO BOX 530552
ATLANTA GA 30353-0552



0 20190221 4 24603029737 4 0000000010143 9 0000000020187 2 3



HOPE
Inc.

Personalized Service Plan

Demographics

First Name: <i>Darlene</i>	Last Name: <i>Clark</i>	DOB: <i>2.6.69</i>
Address: <i>5523 Windwood Rd</i>		
City: <i>College Park</i>	Social Security #: <i>255-11-0833</i>	
Email: <i>Clarkdarlene227@hotmail</i>	Phone: <i>7-873-4328</i>	Gender: <i>Female</i>

Assistance

Rent:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, how much? <i>\$1695.00</i>	
Please, list name of leasing office or landlord: <i>Anthony Harper</i>	
Child Care:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, how much? <i>\$40.00 per week</i>	
Please, list the name of care taker: <i>MJ Roberts Middle School</i>	

List of Life Skills Training
Mandatory:

Optional:

Financial Counseling <input checked="" type="checkbox"/>	Mock Interview <input type="checkbox"/>
Resume Training <input type="checkbox"/>	Healthy Life-Skills <input type="checkbox"/>
Time Management <input checked="" type="checkbox"/>	Job Sustainability <input type="checkbox"/>
Stress Management <input type="checkbox"/>	Mastering the Interview <input checked="" type="checkbox"/>
Care Planning <input type="checkbox"/>	Other <input type="checkbox"/>



HOPE Inc.

Personalized Service Plan

Support

Counseling &
Emotional Support:

Yes ☐

No ☒

If yes, select:

Bi-weekly
☐

Monthly
☐

Grief Counseling
☐

Prior Mental Health
Diagnostics or
Concerns:

Academic

Will you need an
internship?

Yes ☒

No ☐

If yes,
explain:

*While attending school I will be working on patient's
in clinics.*