



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: External Affairs

BID/RFP# NUMBER: #20RFP1212B-EC

BID/RFP# TITLE: External Grant Writing Services

ORIGINAL APPROVAL DATE: 02/17/2021

RENEWAL EFFECTIVE DATES: 01/01/2023 – 12/31/2023

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$ \$100,000.00

COMPANY'S NAME: Strategic Funding Group

ADDRESS: 1266 West Paces Ferry Road NE #173

CITY: Atlanta

STATE: GA

ZIP: 30327

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11/2/22 BOC NUMBER: 22-0803

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

14E1B4AA5E6A44A...

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Jessica Corbitt

86EFC656439C4F9...

**Jessica A. Corbitt-Dominquez, Director
Fulton County Office of External Affairs**

STRATEGIC FUNDING GROUP, INC.

DocuSigned by:

Leah Tennille

F180D1ECCAD244C...

**Leah Tennille
President**

ATTEST:



**Secretary/
Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

Mary Katherine Barnes

7F8BD380A9AA44D...

Notary Public Mary Katherine Barnes

County: Fulton

Commission Expires: 06/03/2025

DocuSigned by:

(Affix Notary Seal)



ITEM#: <u>2022-0803</u> RCS: <u>11/2/2022 Regular Meeting</u> ITEM#: <u> </u> RM: <u> </u>
RECESS MEETING REGULAR MEETING

Handwritten signature in blue ink, appearing to read "W. L. L." or similar, with a large loop and a trailing flourish.



Fulton County

Legislation Details

File #: 22-0803 **Version:** 1 **Name:**
Type: CM Action Item - Open & Responsible Government **Status:** Agenda Ready
File created: 10/3/2022 **In control:** Board of Commissioners
On agenda: 11/2/2022 **Final action:**
Title: Request approval to renew an existing contract - Department of External Affairs, #20RFP1212B-EC, External Grant Writing Services in the amount of \$100,000.00 with Strategic Funding Group, Inc. (Atlanta, GA) to provide External Grant Writing Services. This action exercises the second of two renewal options. No renewal option remains. Effective January 1, 2023 until December 31, 2023. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

Sponsors:

Indexes:

Code sections:

Attachments: 1. Strategic Funding Group Performance Report Sept 30 2022, 2. Contract Renewal Evaluation Form Strategic Funding Group 092922, 3. CONTRACT RENEWAL AGREEMENT FORM NO.pdf

Date	Ver.	Action By	Action	Result
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2022

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 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 FARMERS GENERAL INS AGCY INC/PHS 47180001 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): E-MAIL ADDRESS:																					
INSURED STRATEGIC FUNDING GROUP INC 1266 W PACES FERRY RD NW # 173 ATLANTA GA 30327	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC#</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Twin City Fire Insurance Company</td><td>29459</td></tr> <tr> <td>INSURER B :</td><td></td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC#	INSURER A :	Twin City Fire Insurance Company	29459	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER E :																						
INSURER F :																						

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X		47 SBM BN4349	05/17/2022	05/17/2023	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	General Liability						MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$2,000,000
	OTHER:						
A	AUTOMOBILE LIABILITY			47 SBM BN4349	05/17/2022	05/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO						BODILY INJURY (Per person)
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB EXCESS LIAB			47 SBM BN4349	05/17/2022	05/17/2023	EACH OCCURRENCE \$4,000,000
	RETENTION \$ 10,000						AGGREGATE \$4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	DATA BREACH - BUS INC & EX EXP			47 SBM BN4349	05/17/2022	05/17/2023	Limit \$10,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Fulton County Government
 141 PRYOR ST SW
 ATLANTA GA 30303-3408

CANCELLATION

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

Susan L. Castaneda

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