DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Real Estate and Asset Management

BID/RFP# NUMBER: 25ITB1315442C-JNJ (C)

BID/RFP# TITLE: Preventive and Predictive Maintenance Services for Chillers

ORIGINAL APPROVAL DATE: May 7, 2025

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 1 **OF** 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: $400,000.00

COMPANY'S NAME: Mallory & Evans

ADDRESS: 625 Kentucky St

CITY: Scottdale

STATE: Georgia

ZIP: 30079

This Renewal Agreement No. ___ was approved by the Fulton County Board of Commissioners on BOC DATE: _____ BOC NUMBER: _____

CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor 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	**MALLORY & EVANS**
Robert L. Pitts, Chairman **Fulton County Board of Commissioners** **ATTEST:**	**John Catalfano** **Executive Vice President/General Manager** **ATTEST:**
Tonya R. Grier **Clerk to the Commission** **(Affix County Seal)** **AUTHORIZATION OF RENEWAL:**	**Secretary/** **Assistant Secretary** **(Affix Corporate Seal)** **ATTEST:**
Joseph N. Davis, Director **Department of Real Estate and Asset Management**	**Notary Public** **County:_____** **Commission Expires: _____** **(Affix Notary Seal)**

ITEM#: _____ RM: _____ **REGULAR MEETING**	**ITEM#: _____ 2nd RM: _____** **SECOND REGULAR MEETING**

CERTIFICATE OF INSURANCE