



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT: Library**

**BID/RFP# NUMBER: 21ITB129242B-YJ**

**BID/RFP# TITLE: Newspapers, Magazine and Serial Subscriptions (Books-Periodicals, Newspaper, and Serials - Multi Languages)**

**ORIGINAL APPROVAL DATE: 07/14/2021**

**RENEWAL EFFECTIVE DATES: 1/1/2022 to 12/31/2022**

**RENEWAL OPTION #: 1 OF 2**

**NUMBER OF RENEWAL OPTIONS: 2 Renewal Options**

**RENEWAL AMOUNT: \$109,000.00**

**COMPANY'S NAME: EBSCO Information Services, LLC.**

**ADDRESS: PO Box 2543**

**CITY: Birmingham**

**STATE: AL**

**ZIP: 35002**

**This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/1/21 BOC NUMBER: 21-0935**

**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**

**EBSCO INFORMATION SERVICES, LLC.**

DocuSigned by:  
*Robert L. Pitts*  
\_\_\_\_\_  
14E1B4AA6F6A74A  
**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

DocuSigned by:  
*Bowen Thagard*  
\_\_\_\_\_  
365E078802CA2450...  
**Bowen Thagard**  
**Senior Vice President** 

**ATTEST:**

**ATTEST:**

DocuSigned by:  
*Tonya R. Grier*  
\_\_\_\_\_  
EFC476C0337608D  
**Tonya R. Grier**  
**Clerk to the Commission**

\_\_\_\_\_  
**Secretary/  
Assistant Secretary**

**(Affix County Seal)**

**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

DocuSigned by:  
*Gayle Holloman*  
\_\_\_\_\_  
94183FCA11D54AB  
**Gayle Holloman, Executive Director**  
**Fulton County Library System**

DocuSigned by:  
*Kelly D. Sellers*  
\_\_\_\_\_  
1E7FA82A2CA2406...  
**Notary Public**

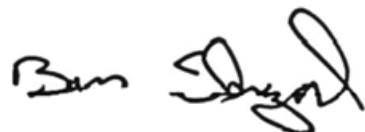
**County:** Shelby

**Commission Expires:** 04/22/2023  
DocuSigned by:

**(Affix Notary Seal)**



|                                       |  |
|---------------------------------------|--|
| <b>ITEM#:</b> _____ <b>RCS:</b> _____ | <b>ITEM#:</b> 2021-0936 <b>RM:</b> 12/1/2021 |
| <b>RECESS MEETING</b>                 | <b>REGULAR MEETING</b>                       |

A handwritten signature in black ink, appearing to read "Bowen Thagard". The signature is written in a cursive style with a large, looping initial "B".

Bowen Thagard  
SVP Operations & Finance, Americas  
EBSCO Information Services  
5724 Hwy 280 East  
Birmingham, AL 35242  
P: +1 (205) 995-1608  
[bthagard@ebSCO.com](mailto:bthagard@ebSCO.com)



# Fulton County

## Legislation Details

**File #:** 21-0935      **Version:** 1      **Name:**  
**Type:** Consent - Arts and Libraries      **Status:** Agenda Ready  
**File created:** 9/29/2021      **In control:** Board of Commissioners  
**On agenda:** 12/1/2021      **Final action:**  
**Title:** Request approval to renew an existing contract - Library, 21ITB129242B-YJ, Newspapers, Magazine and Serial Subscriptions (Books-Periodicals, Newspaper, and Serials - Multi Languages) in the amount of \$109,000.00 with EBSCO Information Services, Inc., (Birmingham, AL) to provide Newspapers, Magazine and Serial Subscriptions. This is the first of two renewal options. One renewal option remains. Effective January 1, 2022 through December 31, 2022. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. CONTRACT RENEWAL AGREEMENT FORM - Magazines Subscription Serials, 2. Contract Renewal Evaluation Form - Magazine, 3. Professional Services CPR Form

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|



## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Library

**BID/RFP# NUMBER:** 21ITBC0407B-EC

**BID/RFP# TITLE:** Books for the Auburn Avenue Research Library

**ORIGINAL APPROVAL DATE:** 06/16/2021

**RENEWAL EFFECTIVE DATES:** 01/01/2022 TO 12/31/2022

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2 Renewal Options

**RENEWAL AMOUNT:** \$ \$49,999

**COMPANY'S NAME:** Yankee Book Peddler dba GOBI Library Solutions from (EBSCO)

**ADDRESS:** 999 Maple Street

**CITY:** Contoocook,

**STATE:** New Hampshire

**ZIP:** 03229

**This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: 12/1/21 BOC NUMBER: 21-0936**

**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**

**YANKEE BOOK PEDDLER DBA GOBI  
LIBRARY SOLUTIONS FROM  
(EBSCO)**

DocuSigned by:

*Robert L. Pitts*

14E1B4AA5F6A44A

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

DocuSigned by:

*Kate Hartnett*

F07A04BC5A5C406

**Kate Hartnett, Vice President  
Finance & Accounting**



**ATTEST:**

DocuSigned by:

*Tonya R. Grier*

EEC476C4937648D

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

**ATTEST:**

**Secretary/  
Assistant Secretary**

**(Affix County Seal)**



**(Affix Corporate Seal)**

**AUTHORIZATION OF RENEWAL:**

DocuSigned by:

*Gayle Holloman*

94183FCA17D54AB

**Gayle Holloman, Executive Director  
Fulton County Public Library**

DocuSigned by:

*Hannah Gage*

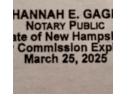
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**Notary Public**

**County:** Merrimack, New Hampshire, USA

**Commission Expires:** March 25, 2025

**(Affix Notary Seal)**



|                                       |  |
|---------------------------------------|--|
| <b>ITEM#:</b> _____ <b>RCS:</b> _____ | <b>ITEM#:</b> 2021-0936 <b>RM:</b> 12/1/2021 |
| <b>RECESS MEETING</b>                 | <b>REGULAR MEETING</b>                       |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/9/2021

**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).**

| <b>PRODUCER</b><br>Valent Group, LLC<br>3500 Blue Lake Drive, Ste. 120<br><br>Birmingham AL 35243 | <b>CONTACT NAME:</b> Linda Fetherolf<br><b>PHONE (A/C No, Ext):</b> (205)262-2655 <b>FAX (A/C, No):</b> (205)262-2701<br><b>E-MAIL ADDRESS:</b> lfetherolf@valentgroup.com   |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
|---|--|-------------------------------|--|--------|--|-----------|--|--|-----------|--|--|-----------|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>EBSCO Industries, Inc.<br>5724 Hwy 280 E<br><br>Birmingham AL 35242             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A: Travelers Property &amp; Casualty</td> <td colspan="2" style="text-align: center;">25674 AXV</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Company</td> <td colspan="2" style="text-align: center;">25658 AXV</td> </tr> <tr> <td>INSURER C: Travelers Property &amp; Casualty</td> <td colspan="2" style="text-align: center;">25674 AXV</td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: Travelers Property & Casualty | 25674 AXV |  | INSURER B: Travelers Indemnity Company | 25658 AXV |  | INSURER C: Travelers Property & Casualty | 25674 AXV |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #                        |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER A: Travelers Property & Casualty  | 25674 AXV  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER B: Travelers Indemnity Company  | 25658 AXV  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER C: Travelers Property & Casualty  | 25674 AXV  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER D:  |  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER E:  |  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |
| INSURER F:  |  |                               |  |        |  |           |  |  |           |  |  |           |  |            |  |  |            |  |  |            |  |  |

**COVERAGES** **CERTIFICATE NUMBER: 2021-22 EBSCO Master** **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/YYYY) | LIMITS  |   |
|---|--|---|----------|--|---------------------------|-------------------------|---|---|
| A   | <b>GENERAL LIABILITY</b>   |   |          | TC2JGLSA-9D909462-21<br><br>Contractual Liability                              | 10/15/2021                | 10/15/2022              | EACH OCCURRENCE \$ <b>1,000,000</b>                         |   |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               | X   | X        |  |                           |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> |   |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |   |          |  |                           |                         | MED EXP (Any one person) \$ <b>5,000</b>                    |   |
|   | <input checked="" type="checkbox"/> Blkt Addt'l Insured                        |   |          |  |                           |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                   |   |
| <input checked="" type="checkbox"/> Blkt Waiver of Subro  | GENERAL AGGREGATE \$ <b>2,000,000</b>  |   |          |  |                           |                         |   |   |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |   |          |  |                           |                         | PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>                  |   |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |   |          |  |                           |                         | \$  |   |
| A   | <b>AUTOMOBILE LIABILITY</b>  |   |          | TC2JCAP-9D909474-21<br><br>Hired Physical Damage<br>Limit \$100,000/Ded. \$25k | 10/15/2021                | 10/15/2022              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>     |   |
|   | <input checked="" type="checkbox"/> ANY AUTO                                   | X   | X        |  |                           |                         | BODILY INJURY (Per person) \$                               |   |
|   | <input type="checkbox"/> ALL OWNED AUTOS                                       |   |          |  |                           |                         | <input type="checkbox"/> SCHEDULED AUTOS                    | BODILY INJURY (Per accident) \$   |
|   | <input checked="" type="checkbox"/> HIRED AUTOS                                |   |          |  |                           |                         | <input checked="" type="checkbox"/> NON-OWNED AUTOS         | PROPERTY DAMAGE (Per accident) \$   |
| <input checked="" type="checkbox"/> Blkt Addtl Ins.   | <input checked="" type="checkbox"/> Waiver Sub.                                |   |          | \$   |                           |                         |   |   |
| A   | <input checked="" type="checkbox"/> UMBRELLA LIAB                              | <input checked="" type="checkbox"/> OCCUR | X        | X  | CUP-75137226-21-NF        | 10/15/2021              | 10/15/2022  | EACH OCCURRENCE \$ <b>25,000,000</b>  |
|   | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> CLAIMS-MADE      |          |  |                           |                         |   | AGGREGATE \$ <b>25,000,000</b>  |
|   | DED <input checked="" type="checkbox"/>  | RETENTION \$ <b>10,000</b>                |          |  |                           |                         |   | \$  |
| B   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |   |          | X  | Retro(AZ/FL/MA/NE/OR/WI)  |                         |   | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| C   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | Y/N                                       | N/A      |  | UB-9K299627-21-51-K       | 10/15/2021              | 10/15/2022  | E.L. EACH ACCIDENT \$ <b>1,000,000</b>  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                         |   |          |  | UB-1L339839-21-51-K A/O/S | 10/15/2021              | 10/15/2022  | E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>  |
|   |  |   |          |  | TWXJUB-9D911955-21/AL     | 10/15/2021              | 10/15/2022  | E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>   |
| A   | <b>Property</b>  |   |          |  | KTJ-CMB-1F64421-8-21      | 10/15/2021              | 10/15/2022  | \$100,000,000<br>Ded <b>\$250,000</b>   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Named Insured Includes: Yankee Book Peddler, Inc. d/b/a/ GOBI Library Solutions, FEIN#020302143, 999 Maple St., Contoocook, NH 03229  
 Contract #: 16ITBC104556B-BR Library Books for Auburn Avenue Research Library

**CERTIFICATE HOLDER**

**CANCELLATION**

|  |  |
|--|--|
| elsa.castro@fultoncountyga.gov<br><br>Auburn Avenue Research Library<br>Attn: Dept. of Purchasing<br>Fulton County<br>130 Peachtree St., S.W.<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Linda Fetherolf/LLF |
|--|--|



# Fulton County

## Legislation Details

**File #:** 21-0936      **Version:** 1      **Name:**  
**Type:** Consent - Arts and Libraries      **Status:** Agenda Ready  
**File created:** 10/1/2021      **In control:** Board of Commissioners  
**On agenda:** 12/1/2021      **Final action:**  
**Title:** Request approval to renew an existing contract - Library, 21ITBC0407B-EC books for the Auburn Ave Research Library in the amount not to exceed \$49,999.00 with Yankee Book Peddler Inc., dba Gobi Library Solutions (Contoocook, NH) to provide research material for Auburn Avenue Research Library patrons. Effective January 1, 2022 to December 31, 2022. This is the first of two renewal options one renewal option remains. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 02. CONTRACT RENEWAL AGREEMENT FORM, 2. 03. Contract Renewal Evaluation Form - Gobi, 3. Professional\_Services\_CPR\_Form\_-\_Gobi

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|