

AMENDMENT NO. 1 TO FORM OF AGREEMENT

This Amendment 1 to the Cooperative Purchasing Agreement is made and entered into this 2nd day of June 2021, between Fulton County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" and **NORTHEAST & BUCKS COMPANY DBA MULLIN & LONERGAN ASSOCIATES, INC., (M&L)** hereinafter referred to as "M&L" or "Consultant", authorized to transact business in the State of Georgia.

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Cooperative Purchasing Agreement 20-0479, 2019 Consolidated Annual Performance & Evaluation Report (CAPER) with M&L effective July 8, 2020 to prepare the County's 2019 Consolidated Annual Performance & Evaluation Report ("CAPER") to be submitted to the Housing and Urban Development ("HUD") and

WHEREAS, the County requires additional services and wishes to extend the existing contract to provide assistance to the Department of Community Development in the preparation of various documents and technical assistance related to the Department of Housing and Urban Development ("HUD") Office of Community Planning and Development ("CPD") for the period June 1, 2021 through May 31, 2022; and

WHEREAS, the Agency has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on June 2, 2021, BOC Item# 21-0409.

NOW, THEREFORE, the County and the Consultant agree as follows:

This Amendment No. 1 to Form of Contract is effective as of the 2nd day of June, 2021, between the County and the Consultant who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Cooperative Purchasing Agreement.

1. **SCOPE OF WORK TO BE PERFORMED:** To extend the existing contract to provide assistance to the Department of Community Development in the preparation of various documents and technical assistance related to the Department of Housing and Urban Development ("HUD") Office of Community Planning and Development ("CPD") for the period June 1, 2021 through May 31, 2022, in accordance with the Scope of Work and Project Deliverables in Cooperative Purchasing Agreement..

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Consultant in an amount not to exceed \$110,000.00 (One Hundred Ten Thousand Dollars and No Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 to Form of Agreement shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the County and delivered to Consultant.
4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF AGREEMENT:** Except as modified by this Amendment No. 1 to Form of Agreement and the Agreement, and all Agreement Documents, remain in full force and effect.

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Bill Wasielewski
Bill Wasielewski, Principal Secretary

Please select Attest or Notary from checkbox

Attest

Notary

ATTEST:

ATTEST:

Tonya R. Grier
Interim Clerk to the Commission

Walter P. Wora, Secretary
Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

Office of the County Attorney

Name Karl J. Smith
Notary Public

APPROVED AS TO CONTENT:

County: Allegheny

Commission Expires: April 23, 2023

(Affix Notary Seal)

Commonwealth of Pennsylvania - Notary Seal
Karl J. Smith, Notary Public
Allegheny County
My commission expires April 23, 2023
Commission number 1290159
Member, Pennsylvania Association of Notaries

ITEM#: _____ RCS: _____ ITEM#: _____ RM: _____
RECESS MEETING REGULAR MEETING



IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

CONSULTANT:

FULTON COUNTY, GEORGIA

NORTHEAST & BUCKS COMPANY DBA MULLIN & LONERGAN ASSOCIATES, INC.

DocuSigned by:

Robert L. Pitts

DocuSigned by:

Bill Wasielewski

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Bill Wasielewski
Principal

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

William F. Was Secretary

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

DocuSigned by:

Dennal Stewart

Kari J. Smith
Notary Public

Office of the County Attorney

County: Allegheny

APPROVED AS TO CONTENT:

Commission Expires: April 23, 2023

DocuSigned by:

Pamela Roswell

Dr. Pamela Roswell, Deputy COO
Health & Human Services
Office of the County Manager

(Affix Notary Seal)

Commonwealth of Pennsylvania - Notary Seal
Karl J. Smith, Notary Public
Allegheny County
My commission expires April 23, 2023
Commission number 1290159
Member, Pennsylvania Association of Notaries



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2021

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 have ADDITIONAL INSURED provisions or 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 PAIST & NOE INC 130 Almshouse Rd, Suite 103 P.O. Box 414 Richboro PA 18954-0414	CONTACT NAME: Mary Bohrer PHONE (A/C, No, Ext): (215) 364-3000 FAX (A/C, No): (215) 364-2449 E-MAIL ADDRESS: mbohrer@paistnoe.com														
INSURED Northeast & Bucks, Inc. D/B/A Mullin & Lonergan Associates 2 Kacey Court, Suite 201 Mechanicsburg PA 17055	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Travelers Property & Casualty Company of America</td> <td style="text-align: center;">25674</td> </tr> <tr> <td>INSURER B : Hartford Insurance Company</td> <td style="text-align: center;">29424</td> </tr> <tr> <td>INSURER C : Philadelphia Indemnity Insurance Company</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Travelers Property & Casualty Company of America	25674	INSURER B : Hartford Insurance Company	29424	INSURER C : Philadelphia Indemnity Insurance Company	18058	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Travelers Property & Casualty Company of America	25674														
INSURER B : Hartford Insurance Company	29424														
INSURER C : Philadelphia Indemnity Insurance Company	18058														
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: CL209201518 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	6800359P7472042	10/01/2020	10/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000																				
MED EXP (Any one person)	\$ 5,000																				
PERSONAL & ADV INJURY	\$ 1,000,000																				
GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input checked="" type="checkbox"/> AUTOS ONLY HIRED <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA6N2814082042	10/01/2020	10/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 5,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CUP0424P2362042	10/01/2020	10/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																				
AGGREGATE	\$ 1,000,000																				
	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	39WBCCB2596	10/01/2020	10/01/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 500,000</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 500,000</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 500,000</td><td></td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000		E.L. DISEASE - EA EMPLOYEE	\$ 500,000		E.L. DISEASE - POLICY LIMIT	\$ 500,000			
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																				
E.L. EACH ACCIDENT	\$ 500,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 500,000																				
E.L. DISEASE - POLICY LIMIT	\$ 500,000																				
C	Professional Liability - Claims Made NOT COVERED UNDER UMBRELLA			PHSD1564042	09/18/2020	09/18/2021	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Each Claim</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Annual Aggregate</td><td style="text-align: right;">\$1,000,000</td></tr> <tr><td>Deductible</td><td style="text-align: right;">\$10,000</td></tr> </table>	Each Claim	\$1,000,000	Annual Aggregate	\$1,000,000	Deductible	\$10,000								
Each Claim	\$1,000,000																				
Annual Aggregate	\$1,000,000																				
Deductible	\$10,000																				

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

Certificate Holder is included as Additional Insureds under General Liability coverage when required in a written contract or agreement executed prior to loss.

CERTIFICATE HOLDER Fulton County - Dept. of Community Development 141 Pryor St. SW Atlanta GA 30303	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
-----------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------