



**FULTON
COUNTY**

**AMENDMENT #3
FORM TO CONTRACT**

#11RFP78733K-NH

**WAYFINDING DESIGN SERVICES FOR
THE LIBRARY CAPITAL IMPROVEMENT
PROGRAM (CIP), PHASE II**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**

AMENDMENT NO. 3 TO FORM OF CONTRACT

Contractor: EYP, Inc.

Contract No. 11RFP78733K-NH, Wayfinding Design Services for the Fulton County Library System Capital Improvement Program, Phase II

Address: 100 Peachtree Street NW, Mezzanine
Atlanta, GA 30303

Telephone: (404) 524-2200

Facsimile: (404) 524-8610
E-mail: vprior@eypae.com

Contact: Veronique Pryor,
Principal

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with EYP, Inc. to provide/perform Wayfinding Design Services, dated March 28, 2017 on behalf of the Fulton County Library System; and

WHEREAS, Fulton County Library System requests approval of additional Wayfinding Design and Construction Administration Services for the Central Library Media Tower and Library Re-naming Signage for 8 Phase II library renovations for EYP, Inc. The additional work scope will modify the contract to provide all requisite personnel necessary to provide these wayfinding services included in the Library Capital Improvement Program (CIP), Phase II projects. These services will be delivered consistent with the services anticipated in the original RFP and Contract.

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **Wednesday, October 7th, 2020; BOC Item #20-0707.**

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

This Amendment No. 2 to Form of Contract is effective as of the 7th day of October, 2020, between the County and EYP, Inc., who agree that all Services specified will be performed by in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** EYP, Inc. will continue to provide the graphic design and Wayfinding expertise, resources and experienced personnel for the Wayfinding Design and Construction Administration Services for the Central Media Tower and Library Re-naming Identification Signage for 8 Phase II library renovations.
2. **COMPENSATION:** The added services described under Scope of Work herein shall be performed by the Contractor for a grand total amount not to exceed \$45,020.00 in accordance with the following distribution:

Media Tower:

• Programming and Conceptual Design	\$12,000.00
• Design Intent Documentation	\$14,000.00
• Construction Administration	<u>\$12,000.00</u>
Total	\$38,000.00

Library Re-naming Identification Signage

• Programming and Conceptual Design	\$ 2,400.00
• Design Intent Documentation	\$ 1,800.00
• Construction Administration	<u>\$ 2,820.00</u>
Total	\$ 7,020.00

Grand Total	\$45,020.00
-------------	-------------

3. **LIABILITY OF COUNTY:** This Amendment No. 3 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

5. **EFFECT OF AMENDMENT NO. 3 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 3 to Form of Contract, the Contract, and all Contract 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:

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Commission Chair
Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

DocuSigned by:

(Affix Corporate Seal)

APPROVED AS TO FORM:

DocuSigned by:

Dennal Stewart

Dennal Stewart, County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Gayle Holloman

Gayle M. Holloman, Executive Director
Fulton County Library System

DocuSigned by:

Joseph N. Davis

Joseph N. Davis, Director
Department of Real Estate and Asset
Management

CONSULTANT:

EYP, INC.

DocuSigned by:

Veronique Pryor

Veronique Pryor
Principal

ATTEST:

Tracy M Lemons

Notary Public

County: Douglas

Commission Expires: April 7, 2022

DocuSigned by:
(Affix Notary Seal)



ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2020-0707 RM: 10/7/2020
REGULAR MEETING

EYPINC0-01

LFRANCETT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2021

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 Rose & Kiernan, Inc. 99 Troy Road East Greenbush, NY 12061	CONTACT NAME: PHONE (A/C, No, Ext): (518) 244-4245		FAX (A/C, No): (518) 244-4262
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Hartford Ins Co of the Midwest		37478
	INSURER B : Trumbull Insurance Co		27120
INSURED EYP, Inc.; EYP Architecture & Engineering PC; EYP/AE Inc; 201 Fuller Road 5th Floor Albany, NY 12203-3640	INSURER C : Hartford Casualty Ins Co		29424
	INSURER D : Hartford Fire Insurance Co.		19682
	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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			01UUNOL5390	1/16/2021	1/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EBL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			01UENOL5391	1/16/2021	1/16/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			01XHUOL5393	1/16/2021	1/16/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / N N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	01WBOL6H49	1/16/2021	1/16/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

General Liability: HG00010605 Commercial General Liability Coverage Form - Includes Blanket Additional Insured Primary & Noncontributory and Waiver of Subrogation When Required by Written Contract.

Auto Liability: HA99170614 Commercial Automobile Broad Form Endorsement - Includes Blanket Additional Insured Primary and Noncontributory and Waiver of Subrogation When Required By Written Contract.

Umbrella Liability: XL24370911 Amendment Of Other Insurance Condition - Primary or Primary And Noncontributory When Required By Written Contract or SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government – Purchasing Department 130 Peachtree Street, S.W. Suite 1168 Atlanta, GA 30303-3459	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
--	---

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Rose & Kiernan, Inc.		NAMED INSURED EYP, Inc.; EYP Architecture & Engineering PC; EYP/AE Inc; 201 Fuller Road 5th Floor Albany, NY 12203-3640
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Agreement; XL24660914 Waiver of Rights of Recovery (Waiver of Subrogation)

Workers Compensation: WC000313 Waiver of Our Right To Recover From Others

All Lines: IH0313 0611 Notice of Cancellation to Certificate Holders

Project: Wayfinding Design and Signage Services for Fulton County Government Facilities

Fulton County Government, its' Officials, Officers and Employees included as additional insureds when required by written agreement on a primary and non-contributory basis per the policy forms noted. Waiver of Subrogation included when required by written agreement per the policy forms noted. 30 Day Notice of Cancellation included per the policy forms noted.