

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: External Affairs

BID/RFP NUMBER: 21RFP0915B-EC

BID/RFP TITLE: Federal Intergovernmental & Interagency Affairs Services

ORIGINAL APPROVAL DATE: December 1, 2021

RENEWAL EFFECTIVE DATES: January 1, 2024 to 12-31-2024

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$120,000.00

COMPANY'S NAME: McGuireWoods Consulting LLC

ADDRESS: 888 16th Street, NW, Suite 500

CITY: Washington

STATE: DC

ZIP: 20006

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: 12/6/23 BOC NUMBER: 23-0849

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	McGuireWoods Consulting LLC			
	DocuSigned by:			
Robert L. Pitts, Chairman	Scott G. Binkley			
Fulton County Board of Commissioners				
ATTENT	Federal			
ATTEST:	ATTEST:			
Tonya R. Grier	Secretary/			
Clerk to the Commission	Assistant Secretary			
(Affix County Seal)	(Affix Corporate Seal)			
AUTHORIZATION OF RENEWAL:	ATTEST:			
Jessica Corbitt-Dominquez, Director	Notary Public			
External Affairs				
	County:			
	Commission Expires:			
	(Affix Notary Seal)			
ITEM#: RCS:	ITEM#: RM:			
RECESS MEETING	REGULAR MEETING			



Fulton County

Legislation Details

File #: 23-0849 Version: 1 Name:

Type: Consent - Open & Responsible Status: Agenda Ready

Government

File created: 11/3/2023 In control: Board of Commissioners

On agenda: 12/6/2023 Final action:

Title: Request approval to renew an existing contract - Department of External Affairs, 21RFP0915B-EC,

Federal Intergovernmental & Interagency Affairs Services in an amount not to exceed \$120,000.00, with McGuireWoods Consulting LLC (Atlanta, GA), to provide Federal Intergovernmental Affairs Services. This action exercises the second of two renewal options. No renewal options remain.

Effective dates: January 1, 2024, through December 31, 2024.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Contractor Performance Report McGuireWoods, 2. Contract Renewal Evaluation Form

McGuireWoods, 3. McGuireWoods Consulting RENEWAL AGREEMENT NO.pdf

Date Ver. Action By Action Result

70MCGUIWOO

ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/25/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT NC Certificate Team				
McGriff	PHONE (A/C, No, Ext):	FAX (A/C, No):			
4777 Sharon Rd., 4th Floor	E-MAIL ADDRESS: nccertificateteam@mcgriff.com				
Charlotte, NC 28210	INSURER(S) AFFORDING COVERA				
704 954-3000	INSURER A : ACE American Insurance Co	22667			
INSURED	INSURER B : Federal Insurance Company	20281			
McGuireWoods LLP and its Subsidiaries	INSURER C :				
Gateway Plaza	INSURER D:				
800 East Canal St	INSURER E:				
Richmond, VA 23219	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.

	TYPE OF INSURA	ANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X	COMMERCIAL GENERAL	L LIABILITY			PHFD42119799006	08/01/2023	08/01/2024	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE)	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$50,000
								PERSONAL & ADV INJURY	\$1,000,000
GEN		PLIES PER:						GENERAL AGGREGATE	\$4,000,000
	POLICY PRO- JECT	X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:								\$
AUT	OMOBILE LIABILITY				PHFD42119799006	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	AUTOS ONLY	AUTOS						,	\$
X	HIRED AUTOS ONLY X A	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
X	UMBRELLA LIAB X	OCCUR			78180223	08/01/2023	08/01/2024	EACH OCCURRENCE	\$50,000,000
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$50,000,000
	DED RETENTION	1\$							\$
					PHFD42119799006	08/01/2023	08/01/2024	PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/E	EXECUTIVE T / N	NI / A					E.L. EACH ACCIDENT	\$1,000,000
(Mai	ndatory in NH)	D: IN	117.7					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000,000	
	AUT X WOFAND ANY OFFI (Mar	CLAIMS-MADE GEN'L AGGREGATE LIMIT AP POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER, OFFICER/MEMBER EXCLUDE (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER: ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X HIRED EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY NY PROPRIET TOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY JECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODICY JECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) INSR WYD PHFD42119799006 PHFD42119799006	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-POLICY JECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N ANY PROPRIETOR/PARTINER/EXECUTIVE N PHFD42119799006 08/01/2023 78180223 08/01/2023 PHFD42119799006 08/01/2023	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) PHFD42119799006 08/01/2023 08/01/2024 78180223 08/01/2023 08/01/2024 78180223 08/01/2023 08/01/2024 PHFD42119799006 08/01/2023 08/01/2024	CAMBERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CAMBRING CA

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

CERTIFICATE HOLDER	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
	Karem arme Benore

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DEPARTMENT: External Affairs

BID/RFP NUMBER: 21RFP0915B-EC

BID/RFP TITLE: Federal Intergovernmental & Interagency Affairs Services

ORIGINAL APPROVAL DATE: December 1, 2021

RENEWAL EFFECTIVE DATES: January 1, 2024 to 12-31-2024

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$120,000.00

COMPANY'S NAME: McGuireWoods Consulting LLC

ADDRESS: 888 16th Street, NW, Suite 500

CITY: Washington

STATE: DC

ZIP: 20006

This Renewal Agreement No. 2 was approved by the Fulton County Board of

Commissioners on BOC DATE: 12/6/23 BOC NUMBER: 23-0849

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

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FULTON COUNTY, GEORGIA	McGuireWoods Consulting LLC
DocuSigned by:	
Robert L. Pitts	
Robert L. Pitts, Chairman	Scott G. Binkley
Fulton County Board of Commissioners	
,	Federal
ATTEST:	ATTEST:
DocuSigned by:	
Tonya R. Grier	
EEC476C4837648D	
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
1000 is	
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	
Jessica Corbitt	Mikfu William Notary Public
<u> </u>	Marga Williams
Jessica Corbitt-Dominquez, Director External Affairs	Notary Public
External Affairs	A *
	country Westrict at Columbia
	Notary Public County: Wistrict of Columbic
	Commission Expires: <u>3/31/202</u> ナ
	(Affix Notary Seal)
	(Allix Notally Geal)
NIKKI WILLIAMS	EXP. 8
NOTARY PUBLIC DISTRICT OF COLUMBIA	A 8-31-27
My Commission Expires August 31, 2027	
	The Alexander
ITEM#.	ITFM#· 23-0849 RM·12/6/2023
ITEM#: RCS: RECESS MEETING	
NECESS WIEETING	REGULAR MEETING



Fulton County

Legislation Details

File #:

23-0849

Version: 1

Name:

Type:

Consent - Open & Responsible Status:

Agenda Ready

Government 11/3/2023

In control:

Board of Commissioners

File created: On agenda:

12/6/2023

Final action:

Title:

Request approval to renew an existing contract - Department of External Affairs, 21RFP0915B-EC, Federal Intergovernmental & Interagency Affairs Services in an amount not to exceed \$120,000.00, with McGuireWoods Consulting LLC (Atlanta, GA), to provide Federal Intergovernmental Affairs Services. This action exercises the second of two renewal options. No renewal options remain.

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Code sections:

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1. Contractor Performance Report McGuireWoods, 2. Contract Renewal Evaluation Form

McGuireWoods, 3. McGuireWoods Consulting RENEWAL AGREEMENT NO.pdf

Date

Ver. Action By

Action

Result

DocuSign Envelope ID: E2F3D3F2-EC56-499C-9CE4-330121FF49C7

70MCGUIWOO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2023

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.

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McGriff 4777 Sharon Rd., 4th Floor Charlotte, NC 28210 704 954-3000		CONTACT NC Certificate Team				
		PHONE (A/C, No, Ext):	FAX (A/C, No):			
		E-MAIL ADDRESS: nccertificateteam@mcgriff.com				
		INSURER(S) AFFOR	NAIC #			
		INSURER A: ACE American Insurance	22667			
INSURED	W. J. I. B. J. W. O. I. J. P. J.	INSURER B : Federal Insurance Comp	any	20281		
McGuirewoods L Gateway Plaza	LP and its Subsidiaries	INSURER C:				
800 East Canal S	4	INSURER D:				
Richmond, VA 2		INSURER E :				
Richmond, VA 2	3219	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	RE	VISION NUMBER:			

CO	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 SUBR INSR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		PHFD42119799006			EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
						MED EXP (Any one person)	\$50,000	
						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000	
	POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY		PHFD42119799006	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR		78180223	08/01/2023	08/01/2024	EACH OCCURRENCE	\$50,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$50,000,000	
	DED RETENTION \$					DED OTH	\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		PHFD42119799006	08/01/2023	08/01/2024	PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	· · · · · · · · · · · · · · · · · · ·	
	DESCRIPTION OF OPERATIONS below		_			E.L. DISEASE - POLICY LIMIT	\$1,000,000	
		/						
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
CERTIFICATE HOLDER CANCELLATION								
OLI	THE TOTAL HOLDER			ANGELLATION				
				SHOULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLED BEFORE	

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
KANN OME BENERE

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DocuSign Envelope ID: E2F3D3F2-EC56-499C-9CE4-330121FF49C7

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