

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Juvenile Court

BID/RFP# NUMBER: 19RFP100119A-CJC

BID/RFP# TITLE: Specific Evidence-Based Delinquency Prevention Programming

ORIGINAL APPROVAL DATE: 02/05/2020

RENEWAL EFFECTIVE DATES: 10/01/2020 THROUGH: 09/30/2021

RENEWAL OPTION #: 1 OF 1

NUMBER OF RENEWAL OPTIONS:

1 RENEWAL AMOUNT: \$194,400.00

COMPANY'S NAME: CHRIS 180, Inc.

ADDRESS: 1030 Fayetteville Road

CITY: Atlanta

STATE: Georgia

ZIP: 30316

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on BOC DATE: October 7, 2020 BOC NUMBER: 20-0668

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:

ITEM#: xxx	RCS: xxx	ITEM#: 2020-0668 RM: 10/7/2020
R	Č S	× RM
Please	select RCS or RM	from the checkbox
		(Affix Notary Seal) (Affix Notary Seal) (Affix Notary Seal)
		Commission Expires: DS
		3/21/2023
Juvenile Court		County:
Timothy W. Ezell	Chi	ef Administ Notary Public
Temat py Exell		Aliena Burdett
AUTHORIZATION OF R	KENEWAL:	ATTEST:
Affix County Seal)	minam Disposes	(Affix Corporate Seal)
	Parameter by:	·
Tonya R. Grier nterim Clerk to the Co	mmisejan a ka	Secretary/ Assistant Secretary
Tonya R. Grier		
— DocuSigned by:		
Attest ATTEST:		X NOTARY ATTEST:
Fulton County Board o	t Attest or Notar	Notes
Robert L. Pitts, Chairm		Full Name coo
Robert L. Pitts		Cindy Simpson
DocuSigned by:		DocuSigned by:
FULTON COUNTY, GE	OKOIA	





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2020

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(les) 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).

Ļ	his c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of s			<u>). </u>				
PRODUCER						CONTACT NAME: Mari Fridenmaker						
Pritchard & Jerden, Inc.					PHONE [A/C, No, Ext): 404-238-9090 FAX (A/C, No): 404-261-5440							
950 East Paces Ferry Road, NE Suite 2000					E-MAIL ADDRESS: mfridenmaker@pjins.com							
Suite 2000 Atlanta GA 30326-1384											******	
Aliania OA 30320-1304									0.000		NAIC#	
						INSURER A: ALLIANCE OF NONPROFITS FOR INS RRG					10023	
INSURED Chris 190 Inc.						INSURER B: Princeton Excess & Surplus Lin					10786	
Chris 180, Inc. 1030 Fayetteville RD SE					INSURER C:							
Atlanta GA 30316						INSURER D:						
						INSURER E :						
						INSURER F:						
CC	VFR	AGES CER	TIFIC	ATE	NUMBER: 1187954615	REVISION NUMBER:						
_		S TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO	THE INSURE	THE RESERVE OF THE PERSON NAMED IN	and the second	HE POL	ICY PERIOD
lι	NDICA	ATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT. TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH	RESPE	CT TO	WHICH THIS
		FICATE MAY BE ISSUED OR MAY I								BJECT TO	O ALL 1	HE TERMS,
						BEEN REDUCED BY PAID CLAIMS.						
INSI	<u> </u>	TYPE OF INSURANCE		DL SUBR SD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY		Q7202061317			11/1/2020	11/1/2021	EACH OCCURRENC		\$ 1,000	,000
1		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 500,0	00
									MED EXP (Any one p		\$20,00	0
1									PERSONAL & ADV II	NJURY	\$ 1,000	.000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$3,000	
	X	PRO-							PRODUCTS - COMP		\$3,000	<u> </u>
	<u> </u>										\$ 3,000	,
	A117	OTHER: OMOBILE LIABILITY		-	Q7202061317		11/1/2020	11/1/2021	Employee Benefits AC COMBINED SINGLE		\$ 1,000	
l ^	-				Q/20206131/		11/1/2020	11/1/2021	(Ea accident)			,000
		X ANY AUTO						BODILY INJURY (Per person) \$				
		OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	
l		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAG (Per accident)	E	\$		
					Liability Deductible \$5,000							
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			Q9202061317UMB		11/1/2020	11/1/2021	EACH OCCURRENCE \$ 10		\$ 10,00	0,000		
								AGGREGATE		\$ 10,00	0.000	
		DED RETENTION\$						\$				
\vdash	WOF	RKERS COMPENSATION		1					PER STATUTE	OTH- ER	<u> </u>	
		EMPLOYERS' LIABILITY					[
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under						1		E.L. DISEASE - EA E		\$		
<u> </u>	DÉS	CRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
BA		ter Parent Professional Liab ctors & Officers Liability			TBD Q2202061317DO		11/1/2020 11/1/2020	11/1/2021 11/1/2021	FPP - Aggregate D&O Aggregate		300,0 2,000	
A	Soc	ial Service Prof Liability			Q7202061317		11/1/2020	11/1/2021	D&O Aggregate Social Serv Prof Liab		1,000	
L												
		TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)			
		nal Coverages:			44/4/2020 44/4/2024 Dalia	. 4072	00064047					
ا - ا	noupi. Comm	Liability: Alliance of Nonprofits for list on Cause: \$1,000,000	nsura	ince	11/1/2020-11/1/2021 Policy	y #U/2	02061317					
A	Aggregate: \$1,000,000											
		per Sexual Conduct: Alliance of Non	profi	ts for	Insurance 11/1/2020-11/1/	2021 F	Policy #Q7202	061317				
	Occurrence: \$1,000,000 Aggregate: \$1,000,000											
-3	- 3rd Party Employment Practices Liability: Alliance of Nonprofits for Insurance 11/1/2020-11/1/2021 Policy #Q2202061317DO											
	See Attached											
CE	RTIF	ICATE HOLDER		100		CAN	CELLATION					
				+12	10/2/12/11/05							

CERTIFICATE HOLDER	CANCELLATION
Fulton County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
141Pryor St. Atlanta GA 30303	Michael Mellars

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_	AGE	NCY CUSTOMER ID: LOC #:			
ACORD® ADDIT	ADDITIONAL REMARKS SCHEDULE				
AGENCY Pritchard & Jerden, Inc.	NAMED INSURED Chris 180, Inc. 1030 Fayetteville RD SE		-		
POLICY NUMBER		Atlanta GA 30316			
CARRIER	NAIC CODE	EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDUL	E TO ACORD FORM,				
FORM NUMBER: 25 FORM TITLE: CERTIF					
Included in Management Liability Fiduciary Liability: Alliance of Nonprofits for Insurance of Included in Management Liability		olicy #Q2202061317DO			
See Binder of Insurance for locations covered for liability					
See Binder of Insurance & Auto ID Cards for Schedule o	f Vehicles.				
Additional Named Insureds: Chris Homes Properties, LLC Chris Kids, Inc. Chris Kids Operations, LLC Chris Properties Graham Circle, Inc. Chris Properties, LLC Chris 180 Support Organization CHRIS Kids, Inc. 403B Plan CHRIS 180, Inc. 403B Retirement Plan CHRIS 180, Inc. 403B Retirement Plan CHRIS 180, Inc. 403B Plan					