



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management

**BID/RFP# NUMBER:** 23ITB138805C-GS (A)

**BID/RFP# TITLE:** Carpet, Carpet Tile Installation and Repair Services Countywide

**ORIGINAL APPROVAL DATE:** 4/17/2024

**RENEWAL EFFECTIVE DATES:** 1/ 1/ 2025 **THROUGH** 12/ 31/2025

**RENEWAL OPTION #:** 1 OF 2

**NUMBER OF RENEWAL OPTIONS:** 2

**RENEWAL AMOUNT:** \$145,000.00

**COMPANY'S NAME:** G.S.A.T. Restoration, Inc. dba Paul Davis of North Atlanta

**ADDRESS:** 6095 Northbelt Drive, Unit D

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30071

**This Renewal Agreement No.   1   was approved by the Fulton County Board of**

**Commissioners on BOC DATE:   10/16/2024   BOC NUMBER:   24-0683**

**CERTIFICATE OF INSURANCE:** The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

**Contractor/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**


**G.S.A.T. RESTORATION, INC. DBA PAUL DAVIS OF NORTH ATLANTA**

Signed by:  
*Robert L. Pitts*  
14E1B4AA5F6A44A...  
**Robert L. Pitts, Chairman**  
**Fulton County Board of Commissioners**

DocuSigned by:  
*Wilson Tomala*  
D64BFF0FD3DD456...  
**Wilson Tomala**  
**President**

**ATTEST:**

**ATTEST:**

DocuSigned by:  
*Tonya R. Grier*  
EFC476C4837648D...  
**Tonya R. Grier**  
**Clerk to the Commission**  
  
(Affix County Seal) 

**Secretary/**  
**Assistant Secretary**  
  
(Affix Corporate Seal)

**AUTHORIZATION OF RENEWAL:**

**ATTEST:**

Signed by:  
*Joseph N. Davis*  
E45C5C5F17FB417...  
**Joseph N. Davis, Director**  
**Department of Real Estate and Asset Management**

Signed by:  
*[Signature]*  
D64BFF0FD3DD456...  
**Notary Public**

County: Gwinnett

Commission Expires: 06-25-2028

(Affix Notary Seal) 

ITEM#: _____ RCS: _____ <b>REGULAR MEETING</b>	24-0683 ITEM#: _____ 2 <sup>nd</sup> RM: _____ <b>SECOND REGULAR MEETING</b>	10/16/2024
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# CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2024

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: Fulcro Insurance of Georgia, LLC
INSURER(S) AFFORDING COVERAGE: Infinity Insurance Co
NAIC #: 22268

COVERAGES CERTIFICATE NUMBER: 575671863 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation.

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

CERTIFICATE HOLDER: Fulton County Government
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: Janyra B

# KEMPER Auto COMMERCIAL

## Kemper Auto Commercial

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten by: Infinity Casualty Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

### PRIMARY AND NONCONTRIBUTORY ENDORSEMENT

Copy To	Policy ID Number	Expiration Date
Fulton County Government 141 Pryor St SW Atlanta, GA 30303	50009945101	06/21/2025 12:01 a.m.
	Named Insured	
	G.S.A.T. Restoration Inc.	
	This endorsement is attached to and forms a part of the listed policy. The following endorsement applies only if Form Number 500PNCV01 appears on your Declarations Page.	

This endorsement modifies the insurance provided under your COMMERCIAL AUTO POLICY.

#### PART A – LIABILITY COVERAGE OTHER INSURANCE – PART A ONLY

The following is added to this section:

The coverage afforded under **your** Commercial Auto Policy is primary to and will not seek contribution from any other insurance available to an additional insured under **your** policy provided that:

- a. **You** have agreed in writing in a contract or agreement that the coverage afforded under **your** Commercial Auto Policy would be primary and would not seek contribution from any other insurance available to such additional insured; and
- b. Such additional insured is a named insured under such other insurance.

**ALL OTHER TERMS, LIMITS, CONDITIONS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**

ADDL INSURED COPY  
500PNCV01

AMEND DATE : 07/01/2024  
ENDORSEMENT : 6-2

# KEMPER Auto COMMERCIAL

## Kemper Auto Commercial

11700 Great Oaks Way, Suite 450

Alpharetta, GA 30022

Underwritten by: Infinity Casualty Insurance Company

Customer Service: (800) 722-3391

Claims Service: (800) 334-1661

### ADDITIONAL INTEREST ENDORSEMENT

Copy To	Policy ID Number	Expiration Date
Fulton County Government 141 Pryor St SW Atlanta, GA 30303	50009945101	06/21/2025 12:01 a.m.
	Named Insured	
	G.S.A.T. Restoration Inc.	
	This endorsement is attached to and forms a part of the listed policy. No changes will be effective prior to the time changes are requested.	

Additional Insured/Lessor	BI/PD LIMITS
Fulton County Government	1000 CSL

ADDL INSURED COPY  
51030AIE01

AMEND DATE : 07/01/2024  
ENDORSEMENT : 6-2

1. Insurance under the liability coverages apply to each interest listed above except when the vehicle is operated by the additional interest party, their agent, or employee.
2. The additional interest(s) shall not increase **our** limits of liability.
3. **We** will pay for damages only if such damages arise out of acts or omissions of:
  - a. **You** or an **insured**; or
  - b. Any other person except as listed in 1. above.

All other terms, limits, and conditions of this policy remain unchanged.

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ADDL INSURED COPY  
51030AIE01

AMEND DATE : 07/01/2024  
ENDORSEMENT : 6-2



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/22/2024

**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).**

<b>PRODUCER</b> Brown & Brown Insurance Services, Inc. 900 North Point Parkway Suite 300 Alpharetta GA 30005	<b>CONTACT NAME:</b> Scott Rosenberg <b>PHONE (A/C, No, Ext):</b> (770) 512-5000 <b>FAX (A/C, No):</b> (770) 824-8899 <b>E-MAIL ADDRESS:</b> scott.rosenberg@bbrown.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> AXIS Surplus Insurance Company <span style="float: right;">NAIC # 26620</span>	
<b>INSURER B:</b> Bridgefield Casualty Insurance Company <span style="float: right;">10335</span>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL242777151 **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 <input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Contractors Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	SP006291-01-2024	02/07/2024	02/07/2025	<table 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;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; 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>Deductible</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</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>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	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	Deductible	\$ 5,000	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
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AGGREGATE	\$ 5,000,000																														
	\$																														
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <b>N</b>	N/A	196-24890	02/07/2024	02/07/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <table style="width: 100%; border-collapse: collapse;"> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																		
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A	Bailees			SPO06291-01-2004	02/07/2024	02/07/2025	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">500,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">500,000</td></tr> <tr><td>DEDUCTIBLE</td><td style="text-align: right;">5,000</td></tr> </table>	EACH OCCURRENCE	500,000	AGGREGATE	500,000	DEDUCTIBLE	5,000																		
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AGGREGATE	500,000																														
DEDUCTIBLE	5,000																														

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

Crime - 107988846  
 02/07/2024- 02/07/2025  
 Employee Theft \$1,000,000  
 ERISA Fidelity \$1,000,000  
 Theft of Client Property \$1,000,000

<b>CERTIFICATE HOLDER</b>  Fulton County Government 141 Pryor St SW  Atlanta GA 30303	<b>CANCELLATION</b>  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  
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AGENCY CUSTOMER ID: 00513695

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED G.S.A.T. Restoration Inc., DBA: Paul Davis North Atlanta	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

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

Certificate holder is additional insured with respects to general liability and umbrella liability, per enclosed.

Endorsement No. 22

Effective Date: 02/07/2024@12:01 a.m. Standard Time at the address of the **Named Insured**

Policy Number: SP006291-01-2024

Insured Name: G.S.A.T. Restoration Inc. DBA Paul Davis of North Atlanta

Issuing Company: AXIS Surplus Insurance Company

Additional (Return) Premium: \$0

*If the Endorsement Effective Date is blank, then the effective date of this Endorsement is the Inception Date of the Policy.*

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:  
SPECIALTY PACKAGE POLICY

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Where required by written contract in force prior to any claim.	All Projects/Locations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section III – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **Bodily Injury, Property Damage or Personal And Advertising Injury** caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to **Bodily Injury or Property Damage** occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of **Your Work** out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Includes copyrighted material of Insurance Services Office, Inc with its permission

**CG 20 10 04 13**

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section IV – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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SPP 2010 13 (02 14)

Page 2 of 2



**AXIS SURPLUS INSURANCE COMPANY  
SPECIALTY PACKAGE EXCESS POLICY  
FOLLOW-FORM EXCESS LIABILITY**

**SCHEDULE A – SCHEDULE OF UNDERLYING INSURANCE**

Named Insured: G.S.A.T. Restoration Inc. DBA Paul Davis of North Atlanta      Policy Number: SX006292-01-2024

Policy Period: 02/07/2024 To 02/07/2025

**SCHEDULE OF UNDERLYING INSURANCE**

5.a. Controlling Underlying Policy

Policy No.: SP006291-01-2024

Insurer: AXIS Surplus Insurance Company

Term: 02/07/2024 To 02/07/2025

Applicable Limits

Bodily Injury and Property Damage	\$1,000,000	Each Occurrence
Personal and Advertising Injury	\$1,000,000	Each Offense
Contractors Pollution Liability	\$1,000,000	Each Claim
Professional Liability	\$1,000,000	Each Claim
General Aggregate Limit (ex Products-Completed Operations)	\$2,000,000	
Products-Completed Operations Aggregate	\$2,000,000	

5.b. Other Underlying Insurance

Policy No.	Insurer	Coverage	Term	Limit
510-30001-7655-001	Infinity Commercial Auto	Auto Liability	06/21/2023 To 06/21/2024	\$1,000,000
196-24890	Bridgefield Casualty Insurance Company	Employers Liability	02/07/2024 To 02/07/2025	\$1,000,000
			To	
			To	
			To	

SPX 0020 (Ed. 04 11)

**24-0682 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB110923C-GS, HVAC On Call Maintenance Services Countywide in an amount not to exceed \$1,200,000.00 with (A) Mechanical Services, Inc. (Hapeville, GA) in an amount not to exceed \$400,000.00; (B) Trane U.S., Inc. (Atlanta, GA) in an amount not to exceed \$350,000.00; (C) 5 Seasons Mechanical LLC (Norcross, GA) in an amount not to exceed \$250,000.00; and (D) JR Hobbs Co. - Atlanta, LLC (Lawrenceville, GA) in an amount not to exceed \$200,000.00, to provide standby on-site HVAC on call maintenance services of air conditioning systems on an "as needed" basis for all County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

**24-0683 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB138805C-GS, Carpet, Carpet Installation and Repair Services Countywide, in an amount not to exceed \$345,000.00 with (A) G.S.A.T. Restoration, Inc. dba Paul Davis of North Atlanta (Norcross, GA) in an amount not to exceed \$145,000.00; (B) HPI Floor, LLC (Atlanta, GA) in an amount not to exceed \$125,000.00; and (C) Brad Construction Company II (Fayetteville, GA) in the amount not to exceed \$75,000.00, to provide carpet, carpet tile installation and repair services on an "as-needed" basis for Countywide facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

**24-0684 Real Estate and Asset Management**

Request approval to renew existing contracts - Department of Real Estate and Asset Management, 23ITB138804C-GS, Electrical on Call Maintenance Services Countywide in an amount not to exceed \$375,000.00, with (A) Capital City Electrical Services, LLC (Norcross, GA) in an amount not to exceed \$165,000.00; (B) ALL-N-1 Security Services, Inc. (Atlanta, GA) in an amount not to exceed \$160,000.00; and (C) Electrify Atlanta, LLC (Roswell, GA) in an amount not to exceed \$50,000.00, to provide standby on-site electrical on-call maintenance services on an "as needed" basis for all Fulton County facilities. This action exercises the first of two renewal options. One renewal option remains. Effective dates: January 1, 2025, through December 31, 2025.

**COUNTY MANAGER'S ITEMS****Open & Responsible Government****24-0685 County Manager**

Presentation of the Fulton County Operational Report.

**24-0686 Finance**

Presentation, review, and approval of October 16, 2024, Budget Soundings and Resolution.

## Certificate Of Completion

Envelope Id: 2EA61B29649B478493356B5E7C19DA01

Status: Completed

Subject: 23ITB138805C-GS (A) ,Carpet, Carpet Tile Installation and Repair Services Countywide Renewal

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 13

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Gertis Strozier

AutoNav: Enabled

Stamps: 2

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Atlanta, GA 30303

gertis.strozier@fultoncountyga.gov

IP Address: 76.198.156.253

## Record Tracking

Status: Original

Holder: Gertis Strozier

Location: DocuSign

10/18/2024 3:57:28 PM

gertis.strozier@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

## Signer Events

## Signature

## Timestamp

Wilson Tomala

wtomala@pauldavis.com

President

Security Level: Email, Account Authentication (None)

DocuSigned by:

D64BFF0FD3DD456...

Sent: 10/18/2024 4:11:38 PM

Viewed: 10/26/2024 8:36:08 AM

Signed: 10/26/2024 8:39:42 AM

Signature Adoption: Pre-selected Style

Using IP Address: 216.103.158.106

Signed using mobile

## Electronic Record and Signature Disclosure:

Accepted: 10/26/2024 8:36:08 AM

ID: b7cae43a-dc65-46d7-8e08-ad2e5424fb98

Wilson Tomala1

wtomala@pauldavis.com

President

Security Level: Email, Account Authentication (None)

Signed by:

D64BFF0FD3DD456...

Sent: 10/26/2024 8:39:43 AM

Resent: 11/20/2024 10:48:30 AM

Viewed: 11/20/2024 10:55:03 AM

Signed: 11/21/2024 9:02:59 AM

Signature Adoption: Drawn on Device

Using IP Address: 98.62.177.83

## Electronic Record and Signature Disclosure:

Accepted: 11/20/2024 10:55:03 AM

ID: c4894eb1-1ce5-4a0c-b90e-d1c41efed9cb

Gertis Strozier

gertis.strozier@fultoncountyga.gov

Assistant Purchasing Agent

CRM SERVICES, LLC

Security Level: Email, Account Authentication (None)

**Completed**

Sent: 11/21/2024 9:03:04 AM

Viewed: 11/21/2024 9:12:25 AM

Signed: 11/21/2024 9:12:33 AM

Using IP Address: 74.174.59.4

## Electronic Record and Signature Disclosure:

Not Offered via DocuSign

**Signer Events**

Joseph N. Davis  
joseph.davis@fultoncountyga.gov  
Director  
Security Level: Email, Account Authentication (None)

**Signature**

Signed by:  
  
E45C5C5F17FB417...  
Signature Adoption: Pre-selected Style  
Using IP Address: 166.137.19.59  
Signed using mobile

**Timestamp**

Sent: 11/21/2024 9:12:36 AM  
Viewed: 11/21/2024 9:14:01 AM  
Signed: 11/21/2024 9:14:15 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 11/21/2024 9:14:01 AM  
ID: eedeefee-cdb7-4a91-b7c4-692c9888fc0d

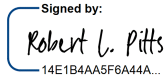
Nikki Peterson  
nikki.peterson@fultoncountyga.gov  
Chief Deputy Clerk to the Board of Commissioners  
Fulton County Government  
Security Level: Email, Account Authentication (None)

**Completed**  
Using IP Address: 68.208.197.4

Sent: 11/21/2024 9:14:17 AM  
Viewed: 11/21/2024 12:28:43 PM  
Signed: 11/21/2024 12:29:48 PM

**Electronic Record and Signature Disclosure:**  
Accepted: 11/27/2017 1:39:37 PM  
ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8

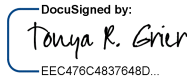
Robert L. Pitts  
harriet.thomas@fultoncountyga.gov  
Chairman  
Security Level: Email, Account Authentication (None)

Signed by:  
  
14E1B4AA5F6A44A...  
Signature Adoption: Pre-selected Style  
Using IP Address: 166.137.83.51  
Signed using mobile

Sent: 11/21/2024 12:29:50 PM  
Viewed: 11/21/2024 9:09:35 PM  
Signed: 11/25/2024 8:22:31 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 11/23/2024 11:31:52 PM  
ID: 7f1e9de7-d4e1-4b96-ae83-304b51f35333

Tonya R. Grier  
tonya.grier@fultoncountyga.gov  
Clerk to the Commission  
Fulton County  
Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
EEC476C4837648D...



Signature Adoption: Pre-selected Style  
Using IP Address: 99.96.24.191

Sent: 11/25/2024 8:22:34 AM  
Viewed: 11/25/2024 9:10:32 AM  
Signed: 11/25/2024 9:10:40 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 3/16/2018 10:54:59 AM  
ID: f3f241e8-3027-4447-9476-6cf20ae25dd4

Gertis Strozier  
gertis.strozier@fultoncountyga.gov  
Assistant Purchasing Agent  
CRM SERVICES, LLC  
Security Level: Email, Account Authentication (None)

**Completed**  
Using IP Address: 76.198.156.253

Sent: 11/25/2024 9:10:44 AM  
Viewed: 11/25/2024 10:17:59 PM  
Signed: 11/26/2024 8:14:56 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**



Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Dian DeVaughn Dian.DeVaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 11/26/2024 8:14:59 AM Viewed: 11/26/2024 8:25:24 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/18/2024 4:11:38 PM
Envelope Updated	Security Checked	11/20/2024 10:52:17 AM
Certified Delivered	Security Checked	11/25/2024 10:17:59 PM
Signing Complete	Security Checked	11/26/2024 8:14:56 AM
Completed	Security Checked	11/26/2024 8:14:59 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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