## AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: Mosaic Community Planning, LLC

Contract No. 19-3003673, Consolidated Plan and Annual Action Plan

Address: **195 Arizona Avenue NE, Suite 123** City, State **Atlanta, GA 30307** 

Telephone: (770)366-7893

E-mail: Melissa@mosaiccommunityplanning.com

Contact: Melissa Mailloux, AICP Principal

## WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with Mosaic Community Planning, LLC to prepare Fulton County Consolidated Plan and Annual Action Plan, dated May 15, 2019, on behalf of the Department of Community Development; and

WHEREAS, this amendment will extend the agreement for an additional 12 month through December 31, 2020; and

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 March 18, 2020, BOC Item 20-0186.

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

This Amendment No. 1 to Form of Contract is effective as of the <u>23</u> day of <u>April</u>, 20<u>20</u>, between the County and [Insert Contractor Name], who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

- 1. **SCOPE OF WORK TO BE PERFORMED:** This extension is for an additional 12 month period for the completion of the County's five-year Consolidated Plan and Annual Action Plan through December 31, 2020.
- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor at no additional cost.

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- 3. **LIABILITY OF COUNTY:** This Amendment No. 1 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.
- 4. **EFFECT OF AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

## [SIGNATURE ON NEXT PAGE]

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:

CONTRACTOR:

## FULTON COUNTY, GEORGIA

DocuSigned by: Robert I., Pitts 14E1B4AA5F6A44A.

Robert L. Pitts, Chairman Fulton County Board of Commissioners

ATTEST:

DocuSigned by: Tonya R. Grier EEC476C4837648D.

Tonya R. Grier Interim Clerk to the Board of DocuSigned by: Commission

(Affix County Sea)

APPROVED AS TO FORM

-DocuSigned by:

Vennal Stewart 2277A2CEF73F4E4.

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Pamela Roshell C0DCDA0106D249E

Pamela Roshell

Fulton County

ATTEST:

Secretary/ Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public County: Deketb

Commission Expires: 07/22/20 20

(Affix Notary Seal)

ITEM#: 2020-0186	RCS:3/18/2020	ITEM#:	RM:
RECESS MEETING		<b>REGULAR MEE</b>	TING

Insurance Certificate to be attached

Deputy COO

41	Envelope ID: 3A515B5B-55EF-4B4									ATE (MM/DD/YYYY)
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	bject to the terms and conditions		-		-	require an end	lorsement. A	statement on this	s certific	cate does not
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	MEG INS AGENCY INC/PHS				NAME: PHONE	(888	) 925-3137	FA	AX (8	388) 443-6112
-	10775				(A/C, N		,	(A)	/C, No): `	,
	Hartford Business Service Center Wiseman Blvd				E-MAIL					
	Antonio, TX 78251				ADDRE	SS:				
Jan	Antonio, 1X 78231					INSU	IRER(S) AFFORDII	NG COVERAGE		NAIC#
NSUF	RED				INSURE	RA: Twin C	City Fire Insura	nce Company		29459
Mosa	aic Community Planning, LLC				INSURE	RB: RLIIn:	surance			13056
195	ARIZONA AVE NE UNIT 123				INSURE	ER C :				
ATL/	ANTA GA 30307-2240				INSURE	RD.				
					INSURER E :					
					INSURER F :					
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	(Mandatory in NH)									
	If yes, describe under						E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS below									
в	Professional Liability			RTP0017191	12/01/2019	12/01/2020	Each Claim Limit	\$2,000,000		
				RIPOUT/191	12/01/2019	12/01/2020	Aggregate Limit	\$4,000,000		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
Tho	Those usual to the Insured's Operations. Certificate Holder is additional insured per the Business Liability Coverage Form SS0008, and the Hired and									
Non	Non-Owned Auto Endorsement SS0438, attached to this policy.									
CEF	RTIFICATE HOLDER				CANCELLA	TION				
Fult	on County, Georgia				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED					
Purchasing & Contract Compliance Dept					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED					
130	PEACHTREE ST SW STE 1168				IN ACCORDANCE WITH THE POLICY PROVISIONS.					
ATLANTA GA 30303-3443					AUTHORIZED REPRESENTATIVE					
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)ocu	Sign Envelope ID: 3A515B5B-55EF-4B	4C-В	EDD-	13172085CEBF	BILI		URANC	E		(MM/DD/YYYY)
								6/5/2019		
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES
lf	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	to t	he te	rms and conditions of th	e polic	y, certain p	olicies may			
	is certificate does not confer rights t	o the	e cert	ificate holder in lieu of su	ICh end		).			
PRO	DUCER				NAME:			FAX	(222)	
					PHONE (A/C, No E-MAIL		350-8337	(A/C, No	<u>):</u> (866) (	828-2424
					ADDRE	ss: Certin	cate@Hanov			
2405 SATELLITE BLVD # 200 DULUTH GA 30096						INSURER(S) AFFORDING COVERAGE				
-	RED			GA 30096	INSURER A: Massachusetts Bay Ins Co					22306
100					INSURE					
	MOSAIC COMMUNITY PLANN	ING			INSURE					
	LLC 195 ARIZONA AVE NE STE 12	2			INSURE					
	ATLANTA	5		GA 30307	INSURE					
00			САТЕ	E NUMBER:	INSURE			REVISION NUMBER:		
	TIS IS TO CERTIFY THAT THE POLICIES		-	-	/E BEE	N ISSUED TO			THE POL	ICY PERIOD
C	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE			
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	COMMERCIAL GENERAL LIABILITY	INSD						EACH OCCURRENCE	\$	
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								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
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	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per acciden		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$	1							\$	
	WORKERS COMPENSATION							✓ PER STATUTE OTH- ER		
^	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	N			10/01/0010	12/01/2010	E.L. EACH ACCIDENT	\$ 1,00	00,000
A	OFFICER/MEMBER EXCLUDED? [N]		IN	WDA A796166 03		12/01/2018	12/01/2019	E.L. DISEASE - EA EMPLOYE	E \$ 1,00	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	г 💲 1,00	00,000
ES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedul	e, may be	e attached if mor	e space is require	ed)		
CEI	RTIFICATE HOLDER				CAN	ELLATION				
	FULTON COUNTY, GEORGIA				THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.		
	DEPARTMENT OF PURCHASIN	IG & (	CONTI	RACT	AUTHO	RIZED REPRESE	NTATIVE			
	COMPLIANCE 130 PEACHTREI	E STR	EET S	SW		The R	Hal			
	SUITE 1168 ATLANTA GEORG			IA 30303	- 7	AMORA	MUL			

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