

**EXTENSION NO. 1 TO FORM OF CONTRACT**

Contractor: **Chris 180, Inc.**

Contract No. **17RFP002B-BR - Behavioral Health and Addictive Disease Counseling**

Address: **1017 Fayetteville Road S.E.**  
City, State Atlanta, Georgia

Telephone: **404-486-9034**

E-mail: **cindy.simpson@chris180.org**

Contact: **Cindy Simpson**  
**Chief Operating Officer**

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with Chris 180, to provide behavioral health employment services at the Fulton County Jail, dated October 1, 2017, on behalf of the Fulton County Sheriff's Office; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional, *four month, period*.

WHEREAS, the no-cost extension will allow for continued support of the grant and time to adequately complete close out the grant.

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

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on March 18, 2020, Item #20-0180.

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

This Extension No. 1 to Form of Contract is effective as of the 1st day of October, 2019, between the County and Chris 180 Atlanta, who agree that all Services specified will be performed by and in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional two month period, with the contract ending as of 31st day of March, 2020.

1. **COMPENSATION:** The services herein shall be performed by Contractor. This contract is 100% grant funded. No County Funding is required.

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

**[INTENTIONALLY LEFT BLANK]**

**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  
14E1B4AA5F6A44A...

Robert L. Pitts, Chairman  
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

ATTEST:

DocuSigned by:  
Tonya R. Grier  
EEC476C4837648D...

Tonya R. Grier  
Interim Clerk to the Board of  
Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:  
Ashley Palmer  
854032B2A8FA431...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:  
Ted Jackson  
F9C08234F1AE43F...

Ted Jackson

Sheriff

Department

CONTRACTOR:

Chris, 180 Inc.

DocuSigned by:  
Cindy Simpson  
1AB6C726C5E841A...

Cindy Simpson

COO

Attest

x

Notary

ATTEST:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

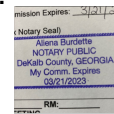
Aliena Burdette

Notary Public

County: DeKalb

Commission Expires: 3/21/2023 DocuSigned by:

(Affix Notary Seal)



Please select RCS or RM from the checkbox

X RCS

RM

|                       |                |                        |           |
|-----------------------|----------------|------------------------|-----------|
| ITEM#: 2020-0180      | RCS: 3/18/2020 | ITEM#: _____           | RM: _____ |
| <b>RECESS MEETING</b> |                | <b>REGULAR MEETING</b> |           |

Insurance Certificate to be attached





CHRI180-01

JGEORGE

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 1/22/2020

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(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><br>Snellings Walters Insurance Agency<br>1117 Perimeter Center West<br>Suite W101<br>Atlanta, GA 30338 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (770) 396-9600 <b>FAX (A/C, No):</b> (770) 399-9880<br><b>E-MAIL ADDRESS:</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Ins. Co</td> <td></td> </tr> <tr> <td>INSURER B : Health Care Mutual Captive Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Philadelphia Indemnity Ins. Co |  | INSURER B : Health Care Mutual Captive Insurance Company |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
|--|---|-------------------------------|--------|--|--|--|--|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER A : Philadelphia Indemnity Ins. Co   |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER B : Health Care Mutual Captive Insurance Company   |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER C :  |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER D :  |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER E :  |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| INSURER F :  |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |
| <b>INSURED</b><br><br>CHRIS 180, Inc<br>1030 Fayetteville Rd<br>Atlanta, GA 30316                                      |   |                               |        |  |  |  |  |             |  |             |  |             |  |             |  |

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>COVERAGES</b> | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
|------------------|----------------------------|-------------------------|

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | PHPK2052410   | 11/1/2019               | 11/1/2020               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | PHPK2052410   | 11/1/2019               | 11/1/2020               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | PHUB697956    | 11/1/2019               | 11/1/2020               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | 000901-20     | 1/1/2020                | 1/1/2021                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A        | <b>Professional Liab</b>   |           |          | PHPK2052410   | 11/1/2019               | 11/1/2020               | EA OCC \$1MM/AGG 3,000,000  |
| A        | <b>Sexual/Phys Abuse</b>   |           |          | PHPK2052410   | 11/1/2019               | 11/1/2020               | Ea Occ \$1MM/ AGG 3,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 A: Employee Theft - PHSD1392189 - 11/01/2019 thru 11/01/2020 - \$1,000,000 w/ \$500 Deductible

RE: 17RFP002B-BR Behavioral Health and Addictive Disease Counseling Services-Reentry program for 18-24 year olds in Fulton County jail, providing therapy and case management services.

**CERTIFICATE HOLDER**
**CANCELLATION**

|   |   |
|---|---|
| Fulton County Government<br>141 Pryor Street<br>Atlanta, GA 30303 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|



SNELLINGS  
WALTERS  
INSURANCE AGENCY

Re: CHRIS 180, Inc. - Certificate Wording

To Whom It May Concern:

The attached certificate wording should meet your requests while conforming to Georgia Code Section 33-24-19.1 also known as the "2011 Certificates Statute" and other regulations issued by the Georgia Department of Insurance (GDOI).

As there has been confusion surrounding certificates issuance, the GDOI has outlined many common requests that are now prohibited at [www.oci.ga.gov/Agents/CertificatesOfInsurance.aspx](http://www.oci.ga.gov/Agents/CertificatesOfInsurance.aspx).

Examples of improper requests and improper completion of certificates include (but are not limited to) the following:

- Use of a form that has not been filed with and approved by the Insurance Department (current versions of ACORD and ISO forms are automatically approved);
- Language on a certificate that purports to alter coverage;
- **Requiring that a summary of a policy provision be added to the certificate which varies from the precise and complete language of the provision;**
- Use of a form called something other than a "Certificate of Insurance" as a means of evading the requirements of the law (the same rules apply however the form is titled);
- Use of a form that certifies that insurance coverage complies with the provisions of the insured's contract with the certificate holder;
- Alteration of an approved form;
- Use of an edition of an ACORD or ISO form other than the current approved editions; and
- Use of the description of operations box on the ACORD 25 form in any manner inconsistent with the provisions of the statute or regulation. **In particular, the prohibition against summarizing policy language (see third bullet point above) applies to the description of operations box as well as to other sections of the certificate. References to policy provisions in the operations box are permitted (by the form's exact title, form number, and edition date) and copies of the provisions can be attached**

The law applies to insurance on properties, operations or risks located in Georgia, regardless of where the certificate holder, policyholder, insurer, or insurance agent is located. Violations of these requirements can result in a fine of up to \$5,000.00 and the GDOI has regulatory authority over those who issue certificates and those who request them also.

Respectfully,

Cheryl O'Pry  
Client Manager