AMENDMENT NO. 6 TO FORM OF CONTRACT

Contractor: Common Courtesy

Contract No. 21RFP000016A-CJC. Alternative Senior Transportation Services

Address: **P.O. Box 19674**

City, State Atlanta, Georgia 30325

Telephone: 404-559-0070

E-mail: **bob@ccrides.org**

Contact: **Bob Carr**

Founder

WITNESSETH

WHEREAS, Fulton County ("County") entered into a contract with Common Courtesy ("the Contractor") to provide Alternative Senior Transportation Services, dated December 15, 2021, ("Contract") on behalf of the Department of Senior Services; and

WHEREAS, Amendment No. 1 was approved on May 18, 2022, BOC Item 22-0367; and

WHEREAS, Amendment No. 2 was approved on June 15, 2022, BOC Item 22-0445; and

WHEREAS, Amendment No. 3 was approved on July 13, 2022, BOC Item 22-0488; and

WHEREAS, Amendment No. 4 was approved on August 17, 2022, BOC Item 22-0582; and

WHEREAS, the Contract was renewed on October 5, 2022, BOC Item 22-0735; and

WHEREAS, Amendment No. 5 was approved on April 12, 2023, BOC Item #23-0201; and

WHEREAS, the County wishes to amend the existing contract to increase the spending authority in the amount of \$1,200,000.00 in order to continue to provide Alternative Senior Transportation Services; and

WHEREAS, the Contractor has performed satisfactorily over the period of the Contract.

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

This Amendment No. 6 to Form of Contract is effective as of the 18th day of October, 2023, between the County and Common Courtesy, who agree that all Services specified will be performed in accordance with this Amendment No. 6 to Form of Contract and the Contract Documents.

- 1. **SCOPE OF WORK TO BE PERFORMED:** No Change in Scope of Work.
- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$1,200,000.00 (One Million Two Hundred Thousand Dollars and Zero Cents).
- 3. **LIABILITY OF COUNTY:** This Amendment No. 6 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. 6 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 6 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.

FULTON COUNTY, GEORGIA	COMMON COURTESY	
Pobut L. Pitts	Bob (all	
Robert L. Pitts, Chairman Fulton County Board of Commissioners Please select At	386886692863427 Bob Carr	Notary
ATTEST:	ATTEST:	
Docusigned by: Tonya R. Gricr	Anne Carr	
Tonya R. Grier Clerk to the Commission DocuSigned by:	Secretary/ Assistant Secretary	
(Affix County Seal)	(Affix Corporate Seal)	
APPROVED AS TO FORM:	ATTEST:	
David Lowman		
Office of the County Attorney	Notary Public	
APPROVED AS TO CONTENT:	County:	
Docusigned by: Ladisa Onyiliogwu 163464082846418	Commission Expires:	
Ladisa Onyiliogwu, Director Department of Senior Services	(Affix Notary Seal)	
Please select RCS or RM	from the checkbox	
X RCS	RM	
	ITEM#: RM:	
RECESS MEETING	REGULAR MEETING	



Insurance Certificate to be attached



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2023

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 rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT Judith Davis, CISR, CPSR						
Har	mby & Aloisio Inc.											
53 Perimeter Center East #400					PHONE (A/C, No, Ext): (770) 551-3270 FAX (A/C, No): (770) 551-3289 E-MAIL ADDRESS: judith@hains.com							
					INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #	
Atla	enta			GA 30346	INSURER A: Alliance of Nonprofits for Ins.					$\neg \uparrow$	10023	
INSL	JRED				INSURER B: Wesco Insurance					$\neg \uparrow$	25011	
	Common Courtesy, Inc.				INSURER C: Carolina Casualty						car	
	2162 Howell Mill Road				INSURER D :							
					INSURER E :							
	Atlanta			GA 30318	INSURE	RF:				$\neg \uparrow$		
Name and Address of				NUMBER: 2023-2024		A dia mba'ny kitana izana kitana ara ara ara ara ara ara ara ara ara		REVISION NUME	BER:			
TI	HIS IS TO CERTIFY THAT THE POLICIES OF	NSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE PO	LICY PERIO)		
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY					1	(EACH OCCURRENCE		1,000	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTEL PREMISES (Ea occur	0	500,0		
								MED EXP (Any one pe		20,00	00	
Α		Υ		2023-69021		09/03/2023	09/03/2024	PERSONAL & ADV IN	1 000 000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		2,000	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	0.000.000		0,000	
	OTHER:							Liquor Liability	\$ 1,000,000		0,000	
A	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	\$ 1,000,000		0,000	
		ANY AUTO						BODILY INJURY (Per	Per person) \$		1000	
	OWNED AUTOS ONLY HIRED SCHEDULED AUTOS AUTOS NON-OWNED			2023-69021	09/03/2023	09/03/2024	BODILY INJURY (Per	Per accident) \$				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	AGE \$		***************************************		
									\$	***************************************		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION							a d DED	\$			
	ND EMPLOYERS' LIABILITY						01/01/2024	X PER STATUTE	OTH- ER			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WWC3622190		01/01/2023		E.L. EACH ACCIDENT				
	If yes, describe under							E.L. DISEASE - EA EN				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC				
С	Directors and Officers			DCD 4020074 D0		00/47/0000		Annual Aggregate	\$1,000,000			
ŭ				DCP-1939074-P3		06/17/2023	06/17/2024	Directors/Officers			00,000	
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	C (AC	00004	04 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				Employee Practice	Liab	\$1,00	00,000	
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	induction is a second induced for School	ai Lia	Dinty V	vitit vvalver of Subrogation.								
CEF	RTIFICATE HOLDER				CANC	ELLATION						
										-		
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES	BE CANCE	LLED	BEFORE	
	Fulton County Government – Purchasing Department					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
130 Peachtree Street, S.W.												
Suite 1168 AUTHORIZED REPRESENTATIVE												
				OA 30303-3438				V . m 11 -				