



Fulton County, GA

**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** County Manager – Select Fulton Workforce Development Division

**BID/RFP# NUMBER:** 18RFP552018B-JD

**BID/RFP# TITLE:** Workforce Service Delivery Providing Adult, Dislocated and Youth Services

**ORIGINAL APPROVAL DATE:** 06/06/2019

**RENEWAL PERIOD: FROM:** July 1, 2021 **THROUGH** June 30, 2022

**RENEWAL OPTION #:** 3 OF 4

**NUMBER OF RENEWAL OPTIONS:** 4

**RENEWAL AMOUNT:** \$2,000,009

**COMPANY'S NAME:** Arbor E & T, LLC d/b/a ResCare Workforce Services (RWS)

**ADDRESS:** 9901 Linn Station Road

**CITY:** Louisville

**STATE:** KY

**ZIP:** 40334

**This Renewal Agreement No. 3 was approved by the Fulton County Board of Commissioners on BOC DATE: 4/14/21    BOC NUMBER: 21-0254**

**SIGNATURES: SEE NEXT PAGE**

**SIGNATURES:**

**Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#18RFP552018B-JD,**  
 (Person signing must have signature authority for the company/corporation)

**NAME:** Mark Douglass (Print)

President

**VENDOR'S SIGNATURE:**

DocuSigned by:

Mark Douglass

E36FCDBE4E6B426...

**DATE:** 04/26/2021

**ATTEST:**

DocuSigned by:

Melanie Martin

E36FCDBE4E6B426...

**NOTARY PUBLIC:** Melanie Martin

**TITLE:** 595694

**COUNTY:** Jefferson

**SEAL (Affix)**



**MY COMMISSION EXPIRES:** 2/21/2022

**FULTON COUNTY, GEORGIA**

DocuSigned by:

Robert L. Pitts

**ROBERT L. PITTS  
CHAIRMAN**

**DATE:** 04/28/2021

**ATTEST:**

DocuSigned by:

Tonya R. Grier

**TONYA R. GRIER**

**CLERK TO THE COMMISSION**

**DATE:** 04/28/2021

**COUNTY SEAL (Affix)**



**DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:**

**DEPARTMENT HEAD:** Samir Abdullahi (Print)

**DEPARTMENT HEAD SIGNATURE:**

DocuSigned by:

Samir Abdullahi

D4D1D3E54EB64A7...

**DATE** 04/28/2021

**ITEM#:** \_\_\_\_\_ **RCS:** \_\_\_\_\_  
**RECESS MEETING**

**ITEM#:** 2021-0254 **RM:** 4/14/2021  
**REGULAR MEETING**



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
07/01/2020

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> Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 <b>E-MAIL ADDRESS:</b> <table border="1"> <tr> <th data-bbox="803 472 1388 514">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1388 472 1520 514">NAIC #</th> </tr> <tr> <td data-bbox="803 514 1388 546"><b>INSURER A:</b> Indian Harbor Insurance Company</td> <td data-bbox="1388 514 1520 546">36940</td> </tr> <tr> <td data-bbox="803 546 1388 577"><b>INSURER B:</b> ACE American Insurance Company</td> <td data-bbox="1388 546 1520 577">22667</td> </tr> <tr> <td data-bbox="803 577 1388 609"><b>INSURER C:</b> Indemnity Insurance Co of North America</td> <td data-bbox="1388 577 1520 609">43575</td> </tr> <tr> <td data-bbox="803 609 1388 640"><b>INSURER D:</b> Endurance American Insurance Company</td> <td data-bbox="1388 609 1520 640">10641</td> </tr> <tr> <td data-bbox="803 640 1388 672"><b>INSURER E:</b></td> <td data-bbox="1388 640 1520 672"></td> </tr> <tr> <td data-bbox="803 672 1388 686"><b>INSURER F:</b></td> <td data-bbox="1388 672 1520 686"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Indian Harbor Insurance Company	36940	<b>INSURER B:</b> ACE American Insurance Company	22667	<b>INSURER C:</b> Indemnity Insurance Co of North America	43575	<b>INSURER D:</b> Endurance American Insurance Company	10641	<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURED</b> Arbor E&T d/b/a ResCare Workforce Services (RWS) 9901 Linn Station Rd Louisville KY 40223 USA															


**COVERAGES** **CERTIFICATE NUMBER:** 570082859058 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability Included <input checked="" type="checkbox"/> Sexual Abuse/Molestation Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSLG71452220 Excess GL/Prof SIR applies per policy terms & conditions	07/01/2020	07/01/2021	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$4,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$3,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$4,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$6,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$4,000,000</td></tr> </table>	EACH OCCURRENCE	\$4,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000	MED EXP (Any one person)		PERSONAL & ADV INJURY	\$4,000,000	GENERAL AGGREGATE	\$6,000,000	PRODUCTS - COMP/OP AGG	\$4,000,000
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B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H25301389	07/01/2020	07/01/2021	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$2,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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C	<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	Y	WLRC67454583 AOS	07/01/2020	07/01/2021	<table border="1"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$2,000,000</td></tr> <tr><td>E.L. DISEASE-EA EMPLOYEE</td><td></td><td>\$2,000,000</td></tr> <tr><td>E.L. DISEASE-POLICY LIMIT</td><td></td><td>\$2,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$2,000,000	E.L. DISEASE-EA EMPLOYEE		\$2,000,000	E.L. DISEASE-POLICY LIMIT		\$2,000,000
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E.L. DISEASE-POLICY LIMIT		\$2,000,000																	
A	<b>E&amp;O-MPL-Primary</b>			MPP003397810 Claims Made	07/01/2020	07/01/2021	<table border="1"> <tr><td>Each Claim</td><td>\$5,000,000</td></tr> <tr><td>Aggregate</td><td>\$5,000,000</td></tr> </table>	Each Claim	\$5,000,000	Aggregate	\$5,000,000								
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: 18RFP552018BJD Workforce Services Delivery Providing Adult, Dislocated and Youth Services. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability and Excess Liability policies. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability, Excess Liability and workers Compensation policies.

**CERTIFICATE HOLDER**
**CANCELLATION**

Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree St, SW, Ste 1168 Atlanta GA 30303-3459 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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Holder Identifier :

Certificate No : 570082859058

AGENCY CUSTOMER ID: 570000032784

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Arbor E&T
POLICY NUMBER See Certificate Number: 570082859058		
CARRIER See Certificate Number: 570082859058	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### Additional Coverages

Workers' Compensation Policies - 7/1/2020-7/1/2021

WLRC67454583 (All Other States) - Indemnity Insurance Co. of North America, NAIC #43575;

WLRC67454546 (CA/MA) - ACE American Insurance Co., NAIC #22667;

SCFC67454625 (WI) - ACE Fire Underwriters Insurance Co., NAIC #20702;

Cov. A - Statutory

Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Agg. (Disease)

Ohio/Washington Excess Workers' Compensation

Pol # WCUC67454662 - ACE American Insurance Co., NAIC #22667;

Cov. A - Statutory

Cov. B - \$2,000,000 Each Accident / \$2,000,000 Each Employee (Disease) / \$2,000,000 Annual Aggregate

Retention: \$1,100,000

**FULTON COUNTY BOARD OF COMMISSIONERS  
REGULAR MEETING**

April 14, 2021  
10:00 AM



Fulton County Government Center  
**TELECONFERENCE**  
141 Pryor Street SW  
Atlanta, Georgia 30303



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## **POST AGENDA MINUTES**

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**This document is tentative, has not been ratified or approved by the Board of Commissioners, and is not binding on the County or any officer.**

**Scheduled date for ratification: April 21, 2021**

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**CALL TO ORDER:** Chairman Robert L. Pitts

**10:04 a.m.**

**ROLL CALL:** Tonya R. Grier, Clerk to the Commission

Chairman Robb Pitts (At-Large)

**PRESENT**

Commissioner Liz Hausmann (District 1)

**PRESENT**

Commissioner Bob Ellis (District 2)

**PRESENT**

Commissioner Lee Morris (District 3)

**PRESENT**

Vice Chair Natalie Hall (District 4)

**PRESENT**

Commissioner Marvin Arrington (District 5)

**PRESENT**

Commissioner Khadijah Abdur-Rahman (District 6)

**PRESENT**

**INVOCATION:** Reverend Clifton Dawkins, Jr., County Chaplain

**PLEDGE OF ALLEGIANCE:** Recite in unison

**21-0252 Community Development**

Request approval to amend the Emergency Solutions Grant (ESG) 2020 contracts with Subrecipients (a) City of East Point; (b) 24/7 Gateway, LLC (Gateway Center); (c) Latin American Association; (d) Partnership Against Domestic Violence (PADV); (e) Travelers Aid of Metropolitan Atlanta; (f) Society of St. Vincent DePaul GA; and (g) Youth Empowerment, to change the service time period for each contract from December 1, 2020 - December 31, 2021 to May 1, 2021 - April 30, 2022 to align with the grant funding period. The County Attorney may approve the contracts as to form and make changes thereto prior to execution. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

**21-0253 Community Development**

Request approval to amend the 2020 Action Plan and the related Emergency Solutions Grant (ESG) Subrecipients contract activities for the City of East Point and Partnership Against Domestic Violence, to move funding from Rapid Rehousing (RR) to Homeless Prevention activity. The County Attorney is authorized to approve the contracts as to form and to make changes thereto prior to execution. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

**Infrastructure and Economic Development****21-0254 Select Fulton**

Request approval to renew existing contracts - Select Fulton Workforce Development Divisions, 18RFP552018B-JD, Workforce Service Delivery Providing Adult, Dislocated and Youth Services for Select Fulton in the amount of \$2,000,009.00 with Arbor E & T, LLC d/b/a ResCare Workforce Services (RWS) (Louisville, KY), to provide adult and dislocated career center and youth services. This action exercises the third of four renewal options. One renewal options remain. Effective dates: July 1, 2021 through June 30, 2022. This contract is 100% grant funded. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA).**

**21-0255 Select Fulton**

Request approval to renew an existing contract - Select Fulton Workforce Development Division, RFP# 17RFP072417A-CJC, WIOA One Stop Operator for the American Job Center in the amount of \$129,704.00, with In the Door, LLC (Atlanta, GA) to provide the coordination and facilitation of a "One-Stop Operator" service. This action exercises the third of four renewal options. One renewal options remain. Effective dates: July 1, 2021 through June 30, 2022. This contract is 100% grant funded. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA).**