



**FULTON
COUNTY**

**EXTENSION #3
FORM TO CONTRACT**

#21RFP131557K-DB

**DESIGN/BUILD SERVICES FOR THE BIG
CREEK WATER RECLAMATION
FACILITY (WRF) STANDBY GENERATOR
SYSTEM**

DEPARTMENT OF PUBLIC WORKS

EXTENSION #3 TO FORM OF CONTRACT

Contractor: **Georgia Power Company**

Contract No. **21RFP131557AK-DB Design/Build for the Big Creek Water Reclamation Facility (WRF) Standby Generator System Project**

Address: **241 Ralph McGill Blvd, NE, BIN # 10210**
City, State **Atlanta, Georgia 30308**

Telephone: **770-364-8631**

Facsimile or: jmzerkus@southernco.com
E-mail address

Contact: **Jimmy Zerkus**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Georgia Power Company** to perform Design/Build services for the Big Creek Water Reclamation Facility (WRF) Standby Generator System dated April 6th, 2022 on behalf of the Public Works Department; and

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

WHEREAS, this Extension #3 was approved by the Fulton County Board of Commissioners on May 15th, 2024 under BOC #24-0349.

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

This Extension No. 3 to Form of Contract is effective as of the 11th, day of May, 2024, between the County and Georgia Power Company, who agree that all Services specified will be performed by in accordance with this Extension No. 3 to Form of Contract and the Contract Documents.

- 1. SCOPE OF WORK TO BE PERFORMED:** The Public Works Department is seeking a time-only with extension to the existing contract with the Georgia Power Company that will align the services with the overall schedule of the Big Creek WRF expansion/upgrade. The County and vendor are seeking an 89 day of extension which would change the contract end date from August 7th, 2024.
- 2. COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for no additional costs to the County

3. **LIABILITY OF COUNTY:** This Extension #3 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 County Manager, attested to by the Clerk to the Commission and delivered to Contractor.

4. **EFFECT OF EXTENSION NO. 3 TO FORM OF CONTRACT:** Except as modified by this Extension No. 3 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:

CONTRACTOR:

FULTON COUNTY, GEORGIA

GEORGIA POWER COMPANY

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Jimmy C. Dooley

Jimmy C. Dooley,
Solutions Sales Manager

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission
DocuSigned by:

Martha A Massey

Notary Public

(Affix County Seal)



County: Bibb

Commission Expires: 1/18/2025

(Affix Notary Seal)



APPROVED AS TO FORM:

DocuSigned by:

Patrick O'Connor

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

David E. Clark, Director
Public Works

ITEM#: _____ RCS: _____	ITEM#: <u>24-0349</u> RM: <u>5/15/2024</u>
RECESS MEETING	REGULAR MEETING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2023

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 McGriff Insurance Services, LLC 2000 International Park Drive Suite 600 Birmingham, AL 35243	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Suzanne.Richardson</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 1-800-476-2211</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: suzanne.richardson@mcgriff.com</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A :Associated Electric & Gas Insurance Services Limited</td> <td></td> </tr> <tr> <td>INSURER B :Liberty Mutual Fire Insurance Company</td> <td style="text-align: center;">23035</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>	CONTACT NAME: Suzanne.Richardson		PHONE (A/C, No, Ext): 1-800-476-2211	FAX (A/C, No):	E-MAIL ADDRESS: suzanne.richardson@mcgriff.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Associated Electric & Gas Insurance Services Limited		INSURER B :Liberty Mutual Fire Insurance Company	23035	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED Southern Company, including Georgia Power Company 30 Ivan Allen Jr. Blvd. NW BIN SC1404 Atlanta, GA 30308																					

COVERAGES **CERTIFICATE NUMBER: JEQU9DD** **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X	X	XL5099912P Aggregate as Applicable	12/01/2023	06/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Specific Excess Workers' Compensation		X	EW2-65N-287957-413 (AL, GA, MS, IL, VA)	06/01/2023	06/01/2024	Statutory \$ \$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Employer's Liability is included in the Excess Liability.
 Re: September, 2021 – Big Creek Water Reclamation Facility (WRF) Standby Generator System Project 2021. Fulton County Government, Its' Officials, Officers and Employees are included as Additional Insured (excluding Workers' Compensation) and Waiver of Subrogation applies except where not permissible by law if required by written contract, subject to policy terms, conditions and exclusions. Insurance is primary and non-contributory over any other collectable insurance if required by written contract subject to policy terms, conditions and exclusions. General Liability and Automobile Liability are included in the Excess Liability.

CERTIFICATE HOLDER Fulton County Government Purchasing and Contract Compliance Dept. 130 Peachtree Street, SW Suite 1168 Atlanta, GA 30303	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
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