



**FULTON
COUNTY**

CONTRACT EXTENSION #7

#10RFP04122K-DJ

**PROGRAM MANAGEMENT SERVICES FOR
FULTON COUNTY LIBRARY SYSTEM
CAPITAL IMPROVEMENT PROGRAM,
PHASE II**

**DEPARTMENT
REAL ESTATE AND ASSET MANAGEMENT**

EXTENSION NO. 7 TO FORM OF CONTRACT

Contractor: **Heery/Russell, a Joint Venture**

Contract No. **10RFP04122K-DJ, Program Management Services for Fulton County Library System Capital Improvement Program, Phase II**

Address: **3550 Lenox Road, Suite 2300**
City, State **Atlanta, GA 30326**

Telephone: **(404) 946-2055**

E-mail: rob.chomiak@cbre.com

Contact: **Rob Chomiak, PE, CCM, LEED,
President,**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Heery/Russell, a Joint Venture.**) to provide Program Management Services for Fulton County Library System Capital Improvement Program, dated September 1, 2010, on behalf of the Atlanta Fulton County Library; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional four (4) months period from July 1, 2024, through October 31, 2024, to continue to provide without disruption Program Management Services for the completion of project construction and project adds for Phase II library renovation and expansion projects; and

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 **June 26, 2024, BOC Item #24-0435.**

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

This Extension **No. 7** to Form of Contract is effective as of the **1st day of July, 2024**, between the County and **Heery/Russell, a Joint Venture**, who agree that all Services specified will be performed by in accordance with this Extension **No. 7** to Form of Contract and the Contract Documents for an additional four (4) months period, with the contract ending as of 31th day of October, 2024.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a

total amount not to exceed **\$260,783.56** (Two Hundred Sixty Thousand Seven Hundred Eighty-Three Dollars and Fifty-Six Cents).

2. **LIABILITY OF COUNTY:** This Extension **No. 7** 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.
3. **EFFECT OF EXTENSION NO. 7 TO FORM OF CONTRACT:** Except as modified by this Extension **No. 7** 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

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix Court Seal)

APPROVED AS TO FORM:

DocuSigned by:

Patrick O'Connor

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph N. Davis

Joseph N. Davis, Director,
Department of Real Estate and Asset
Management

CONTRACTOR:

**HEERY/RUSSELL- A JOINT
VENTURE**

DocuSigned by:

Robert Chomiak

Robert Chomiak, PE, CCM, LEED
President, Turner & Townsend
Heery, LLC.

ATTEST:

wade purcell

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: ²⁴⁻⁰⁴³⁵ _____ RM: ^{6/26/2024 SRM} _____
REGULAR MEETING



TURN&TO-01

MPERRI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2024

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 Bartlett & Company, Inc. 20 Ash Street Suite 370 Conshohocken, PA 19428	CONTACT NAME: Melissa Perri	
	PHONE (A/C, No, Ext): (215) 546-9660	FAX (A/C, No): (215) 546-9665
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great Northern Insurance Company	
	INSURER B: Federal Insurance Company	
INSURED Turner & Townsend Heery, LLC 3550 Lenox Rd Suite 2300 Atlanta, GA 30326	NAIC #	
	INSURER C: Pacific Indemnity Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

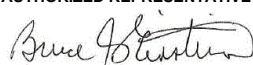
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	9950-62-05	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	7354-23-06	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		7979-93-92	10/1/2023	10/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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		X	7170-90-58	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project #10RFP04122K-DJ Program Management Services for Fulton County Library System Capital Improvement Program, Phase II for Extension #7. Fulton County Government is hereby recognized as Additional Insured under the General Liability, Auto Liability and Umbrella Liability where required by written contract. A Waiver of Subrogation is also applicable.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government Attn: Purchasing Department 130 Peachtree Street, S.W. Suite 1168 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.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/2024

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PRODUCER Lockton Companies LLP The St Botolph Building 138 Houndsditch London EC3A 7AG	CONTACT NAME: Jack Turner PHONE (A/C, No, Ext): E-MAIL ADDRESS: Jack.Turner@lockton.com FAX (A/C, No): <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: Lloyd's Syndicate 1886 (QBE) - Lead Insurer</td> <td>AA-1120054</td> </tr> <tr> <td>INSURER B: Lloyd's Syndicate 2488 (Chubb)</td> <td>AA - 1128488</td> </tr> <tr> <td>INSURER C: Allianz Global Corporate and Specialty SE</td> <td>AA-1344102</td> </tr> <tr> <td>INSURER D: Lloyd's Syndicate 1686 (Axis)</td> <td>AA - 1120156</td> </tr> <tr> <td>INSURER E: Royal and Sun Alliance Insurance Ltd</td> <td>N/A</td> </tr> <tr> <td>INSURER F: Endurance Worldwide Insurance Ltd</td> <td>AA-1124129</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Lloyd's Syndicate 1886 (QBE) - Lead Insurer	AA-1120054	INSURER B: Lloyd's Syndicate 2488 (Chubb)	AA - 1128488	INSURER C: Allianz Global Corporate and Specialty SE	AA-1344102	INSURER D: Lloyd's Syndicate 1686 (Axis)	AA - 1120156	INSURER E: Royal and Sun Alliance Insurance Ltd	N/A	INSURER F: Endurance Worldwide Insurance Ltd	AA-1124129
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INSURED Turner & Townsend Heery, LLC 3550 Lenox Road NE, Ste. 2300 Atlanta, GA 30326 404.504.7900															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Indemnity			OCP24039047A	07/01/2024	06/30/2025	USD 10,000,000 per claim, limited to USD 10,000,000 in the aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER**CANCELLATION**

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