



**EXTENSION #4
FORM TO CONTRACT
#21RFP131557K-DB**

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

DEPARTMENT OF PUBLIC WORKS

EXTENSION NO. 4 TO FORM OF CONTRACT

Contractor: **Georgia Power Company**

Contract No.: **21RFP131557K-DB, Design/Build Services for Big Creek Water Reclamation Facility (WRF) Standby Generator System Project**

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

Telephone: **770-364-8631**

Email: jmzerkus@southernco.com

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 January 19, 2022 on behalf of the Public Works Department; and

WHEREAS, the County wishes to extend the subject contract to better align with the overall Big Creek project schedule, with all items and conditions unchanged, through March 21, 2025 or until final completion as determined by the County; and

WHEREAS, additional full load testing of the supplemental power generation facilities and post construction coordination activities need to be completed; and

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

WHEREAS, this Extension No. 4 was approved by the Fulton County Board of Commissioners on Wednesday, November 20th, 2024; Item #24-0782.

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

This Extension No. 4 to Form of Contract is effective as of the 20th day of November 2024, between the County and Georgia Power Company, who agree that all Services specified will be performed in accordance with this Extension No. 4 to Form of Contract and the Contract Documents for an additional 137 days of extension time with the contract ending as of the 21st of March 2025 or until final completion as determined by the County.

1. **COMPENSATION:** The services to be performed by the Contractor during this Extension No. 4 to Form at no additional cost, this is a time extension only.
3. **LIABILITY OF COUNTY:** This Extension No. 4 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. 4 TO FORM OF CONTRACT:** Except as modified by this Extension No. 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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

Signed 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

(Affix County Seal)



Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

APPROVED AS TO FORM:

Signed by:

Dennal Stewart

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

David Clark, Director
Department of Public Works

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: <u>24-0782</u> 2 ND RM: <u>11/20/2024</u> SECOND REGULAR MEETING
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2024

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 McGriff Insurance Services, LLC 2000 International Park Drive Suite 600 Birmingham, AL 35243	CONTACT NAME: PHONE (A/C, No, Ext): 1-800-476-2211 FAX (A/C, No): E-MAIL ADDRESS: suzanne.richardson@mcgriff.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Associated Electric & Gas Insurance Services Limited	
INSURER B : Liberty Mutual Fire Insurance Company	
INSURER C :	
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: 289ABC9L

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"/> 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) \$ \$
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? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$
B	Specific Excess Workers' Compensation		X	EW2-65N-287957-414 (AL, GA, MS, IL, VA)	06/01/2024	06/01/2025	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 <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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