

CHANGE ORDER #2 FORM TO CONTRACT

#21RFP22421K-DB
CONSTRUCTION MANAGEMENT AT
RISK SERVICES FOR THE NEW FULTON
COUNTY ANIMAL SHELTER FACILITY

DEPARTMENT OF REAL ESTATE AND ASSET MANAGEMENT

CHANGE ORDER NO. 2 TO FORM OF CONTRACT

Contractor: Winter Johnson Group

Contract No. 21RFP224211K-DB, Construction Management at Risk Services

for the New Fulton County Animal Shelter Facility

Address: 5616 Peachtree Road
City, State Chamblee, Georgia 30341

Telephone: (404) 790-8985

E-mail: <u>breid@wintercompanies.com</u> and <u>ajohnson@winterjohnsongroup.com</u>

Contact: Brent Reid, Managing Member

Artis L. Johnson, Managing Member

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with **Winter Johnson Group**. to provide/perform Construction Management at Risk Services for the New Fulton County Animal Shelter Facility, dated August 5, 2021, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this change order is required to make modification to the existing Contract for additional funding to cover the costs that's associated with the Punch List items and final Close-Out documentation for the newly constructed Fulton County Animal Shelter Facility (FCAS).

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 06, 2024, BOC Item #24-0143.

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

This Change Order No. 2 to Form of Contract is effective as of the 6th day of March 2024, between the Winter Johnson Group, who agree that all Services specified will be performed in accordance with this Change Order No. 2 of Form of Contract and the Contract Documents.

SCOPE OF WORK TO BE PERFORMED: Modify the existing Contract for additional funding to cover costs that's associated with final Close-Out of the newly constructed Fulton

County Animal Shelter Facility. The Contractor is currently completing Punch List items and providing Close Out documentation.

The Project experienced several unforeseen design revisions/omissions, government mandated requirements and service delays, and unfavorable site conditions whose costs to correct depleted the remaining project contingency and exceeded the current Contract Sum. Receipt of the Facility's Certificate of Occupancy was contingent upon correction of the government mandated requirements and most of the remaining items.

Details of the additional costs prompting this Change Request are shown in the following:

	Change Request Item	Cost	Description of Work					
1	Remaining Contingency Balance	\$1,216	Remaining Contingency Balance as of 11/1/23					
2	Electrical Revision	\$17,814	Upgraded Circuitry required on User Requested Automatic Gate Operators					
3	ADA Changes at Main Entry Intersection	\$5,868	Changes to Crosswalk Ramps & Sidewalk Rails because of Field Grade Conditions necessary to meet ADA Standards					
4	Canopy Value Engineering Reconciliation	\$29,049	Additional Canopy Footers required in previously accepted Value Engineering item					
5	Exterior Columns at Front Entrance	\$27,824	Design Revisions to paint Exterior Columns at Front Entrance omitted in Construction Documents					
6	Traffic Signalization	\$7,869	Alternative Traffic Signalization Radar required by GDOT at Main Entry Intersection onto Fulton Industrial Blvd					
7	Additional Chiller Bypass Installation & Flushing	\$27,027	Water & HydroVac Trucks required to operate Building Chiller because of COA delays in accepting Domestic Water Service					
8	Construction Management Fee Reconciliation	\$72,761	Final Reconciliation of Construction Management Fees on Project Contingencies & Additional Costs as provided in Construction Contract					
To	Total Change Order No. 2 \$186,996.00							

- 2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$186,996.00 (One Hundred and Eighty-Six Thousand Nine Hundred Ninety-Six Dollars and No Cents).
- 3. **LIABILITY OF COUNTY:** This Change Order No. 2 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 CHANGE ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 2 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:	CONSULTANT:
FULTON COUNTY, GEORGIA	WINTER JOHNSON GROUP
Pocusigned by: Robert J. Pitts 14E Bobert AL. Pitts, Chairman Fulton County Board of Commissioners ATTEST:	Brut Kill AsBrentzBeid, Managing Member Artis Johnson, Managing Member
Docusigned by: Tonya K. Grice EEC4TORY20-B. Grice ocu Signed by: Chief Deputark to the Commission (Affix Coultain)	ATTEST: Notary Public County: DEKALB
APPROVED AS TO FORM: Patrick O'Couror 680 Office of the County Attorney APPROVED AS TO CONTENT:	(Affix Notary Seat) Commission Expires: MAy 5 202/ (Affix Notary Seat) Commission Expires GEORGIA MAY 5, 2026
Joseph Davis B203 Joseph N. Davis, Director Department of Real Estate and Asset Management	



		24 0142	3/6/2024
ITEM#:	RCS:	ITEM#: 24-0143	RM:
RECESS MEETING		REGULAR MEETIN	NG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/2024

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

tilis certificate does not comer ng	ints to the certificate holder	III lieu oi suci	indorsement(s).				
PRODUCER			CONTACT Charlene Todd IAME:				
The James B. Oswald Company		PHONE A/C, No, Ext): (216) 367-8787	FAX (A/C, No): (216)	241-4520			
1100 Superior Avenue East		E-MAIL address: ctodd@oswaldcompanies.com					
Suite 1500			INSURER(S) AFFORDING COVERAGE		NAIC#		
Cleveland	OH	44114	NSURER A: Zurich American Insurance Company		16535		
INSURED			NSURER B: Steadfast Insurance Company		26387		
Winter Johnson Group, A	Joint Venture		NSURER C :				
5616 Peachtree Road; S	uite 100		NSURER D :				
			NSURER E :				
Atlanta	GA	30341	NSURER F :				
COVERAGES	CERTIFICATE NUMBER:	24/25 Win Joh	JV \$10M REVISION NI	IMRER:			

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.

	T	ADDLIS		POLICY EFF	POLICY EXP	T
INSR LTR	TYPE OF INSURANCE	INSD W	VVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR					EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	✓ Underground					MED EXP (Any one person) \$ 10,000
Α	× xcu		GLO 6538181-00	03/01/2024	03/01/2025	PERSONAL & ADV INJURY \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 10,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG \$ 10,000,000
	OTHER:					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ 5,000,000
	× ANY AUTO				03/01/2025	BODILY INJURY (Per person) \$
Α	OWNED SCHEDULED AUTOS ONLY		BAP-0183848-08	03/01/2024		BODILY INJURY (Per accident) \$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	✓ UMBRELLA LIAB ✓ OCCUR					EACH OCCURRENCE \$ 10,000,000
Α	EXCESS LIAB CLAIMS-MADE		AUC-0184151-08	03/01/2024	03/01/2025	AGGREGATE \$ 10,000,000
	DED RETENTION \$ 0					\$
	WORKERS COMPENSATION					PER STATUTE OTHER Ohio Stop Gap
l _A	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	WC 6538180-00	03/01/2024	03/01/2025	E.L. EACH ACCIDENT \$ 1,000,000
''	(Mandatory in NH)		WC 0330100-00			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Pollution / Professional					Aggregate \$15,000,000
В	(Inclds Transportation, Asbestos & Lead)		EOC 0532629-06	03/01/2024	03/01/2025	Each Accident/Condition \$15,000,000

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

Re: Project #21RFP22421K-DB - CM@Risk Services for the new Fulton County Animal Shelter Facility. Fulton County Government, Its Officials, Officers & Employees are named as Additional Insureds with respects to General Liability where required by written contract. The above referenced liability policies with the exception of workers compensation and professional liability are primary & non-contributory where required by written contract. Waiver of Subrogation in favor of Additional Insured(s) where required by written contract & allowed by law.

CERTIFICATE	HOLDER		CANCELLATION		
	Fulton County Government Purchasing Department 130 Peachtree Street S.W.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	130 Feachtree Street S.W.		AUTHORIZED REPRESENTATIVE		
	Atlanta	GA 30303-3459	Church Sceld		



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PRODUCER		CONTACT Charlene Todd						
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5616 Peachtree Road; Suite 100		INSURER D:						
		INSURER E :						
Atlanta	GA 30341	INSURER F:						
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	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	Υ	Υ	BAP-0183848-08	03/01/2024	03/01/2025	BODILY INJURY (Per accident)	\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						➤ PER STATUTE ➤ OTH-	Ohio Stop Gap
A	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		WC 6538180-00	03/01/2024	03/01/2025		\$ 1,000,000
	(Mandatory in NH)	", "			, _ •	,		\$ 1,000,000
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