



**FULTON
COUNTY**

CONTRACT EXTENSION #6

#10RFP04122K-DJ

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

**DEPARTMENT
REAL ESTATE AND ASSET MANAGEMENT**

EXTENSION NO. 6 TO FORM OF CONTRACT

Contractor: **Turner & Townsend Heery, LLC + Russell (formally CBRE 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**](mailto: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 **Turner & Townsend Heery, LLC + Russell (formally CBRE 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 six (6) months period from January 1, 2024, through June 30, 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 **Wednesday, December 6th, 2023, BOC Item #23-0889.**

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

This Extension No. 6 to Form of Contract is effective as of the 1st day of January, 2024, between the County and **Turner & Townsend Heery, LLC + Russell (formally CBRE Heery/Russel- a Joint Venture)**, who agree that all Services specified will be performed by in accordance with this Extension No. 6 to Form of Contract and the Contract Documents for an additional six (6) months period, with the contract ending as of 30th day of June, 2024.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed **\$508,816.42** (Five Hundred Eight Thousand Eight Hundred Sixteen Dollars and Forty-Two Cents).
2. **LIABILITY OF COUNTY:** This Extension No. 6 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. 6 TO FORM OF CONTRACT:** Except as modified by this Extension No. 6 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

CONSULTANT:

**TURNER & TOWNSEND HEERY,
LLC + RUSSELL (FORMALLY
CBRE HEERY/RUSSELL- A
JOINT VENTURE)**

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:

Robert Chomiak

Robert Chomiak, PE CCM, LEED,
President

ATTEST:

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix Corporate Seal)



APPROVED AS TO FORM:

wade Purcell

Secretary/
Assistant Secretary

(Affix Corporate Seal)



ATTEST:

DocuSigned by:

Patrick O'Connor

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph Davis

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

ITEM#: _____	RCS: _____	ITEM#: 23-0889	RM: 12/6/2023
RECESS MEETING		REGULAR MEETING	



TURN&TO-01

MPERRI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2023

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 Bartlett & Company, Inc. 1601 Market Street Suite 2560 Philadelphia, PA 19103	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 Road NE, Suite 2300 Atlanta, GA 30326	NAIC #	
	INSURER C: Pacific Indemnity Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

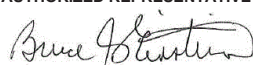
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	7351-72-37	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 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? <input type="checkbox"/> Y / N (Mandatory in NH) 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)
 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 
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