

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Senior Services

BID/RFP NUMBER: 23RFP137278A-CJC

BID/RFP TITLE: Comprehensive Nutrition Services

ORIGINAL APPROVAL DATE: March 15, 2023

RENEWAL EFFECTIVE DATES: January 1, 2024 through December 31, 2024

RENEWAL OPTION #: 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$2,628,672.92

COMPANY'S NAME: Open Hand Atlanta, Inc.

ADDRESS: 181 Armour Drive, NE

CITY: Atlanta

STATE: GA

ZIP: 30324

This Renewal Agreement No. <u>1</u> was approved by the Fulton County Board of Commissioners on BOC DATE: <u>November 15, 2023</u> BOC NUMBER: <u>23-0820</u>

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA	Open Hand Atlanta, Inc.			
	ritett lien			
Robert L. Pitts, Chairman	Matthew ⁴ Pieper			
Fulton County Board of Commissioners	Executive Director			
ATTEST:	ATTEST:			
Tonya R. Grier	Secretary/			
Clerk to the Commission	Assistant Secretary			
(Affix County Seal)	(Affix Corporate Seal)			
AUTHORIZATION OF RENEWAL:	ATTEST:			
Ladisa Onyiliogwu, Director Department of Senior Services	Notary Public			
	County:			
	Commission Expires:			
	(Affix Notary Seal)			

ITEM#:	RCS:	ITEM#:	RM:
RECESS MEETIN	NG	REGULAR MEE	ETING



Insurance Certificate to be attached

OPENHAND ACORD. **CERTIFICATE OF LIABILITY INSURANCE**

CE	RT	CERTIFICATE IS ISSUED AS A M. IFICATE DOES NOT AFFIRMATIV W. THIS CERTIFICATE OF INSUR	ELY (OR N	EGATIVELY AMEND, EXT	FEND OR ALTER	THE COVERA	GE AFFORDED BY THE	POLIC	IES
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 any rights to the certificate holder in lieu of such endorsement(s).										
PROD			113 10	une (eth Calhoun			
Mar	sh	& McLennan Agency LLC				PHONE (A/C, No, Ext): 706-		FAX (A/C, No):		
200	Bre	ookstone Centre Pkwy				E-MAIL ADDRESS: Elizabeth.Calhoun@MarshMMA.com				
Suit	e 1	18			-	INSURER(S) AFFORDING COVERAGE NAIC				
Col	um	bus, GA 31904			-	INSURER A : Philadelphia Indemnity Insurance Co.				18058
INSU	RED					INSURER B : Philad		18058		
		Open Hand Atlanta, Inc.				INSURER C : Key Ri		10885		
		181 Armour Drive NE				INSURER D : Travelers Casualty and Surety Company				
		Atlanta, GA 30324				INSURER E :				
						INSURER F :				
					NUMBER:			REVISION NUMBER:		
INI CE EX	DICA RTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F JSIONS AND CONDITIONS OF SUCH	QUIRE PERTA POLI	MEN IN, T CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDEE LIMITS SHOWN MAY HAV	F ANY CONTRACT D BY THE POLICIE YE BEEN REDUCEI	OR OTHER DO S DESCRIBED D BY PAID CLA	CUMENT WITH RESPECT THEREIN IS SUBJECT TO A	то wh	ICH THIS
INSR LTR			ADDL INSR	WVD			POLICY EXP Y) (MM/DD/YYYY)	LIMITS	-	
Α	X	COMMERCIAL GENERAL LIABILITY			PHPK2599804	09/30/202	3 09/30/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00 \$1,00	0,000
								MED EXP (Any one person)	\$20,0	
-								PERSONAL & ADV INJURY	\$1,00	
	GEN	VIL AGGREGATE LIMIT APPLIES PER: PRO- POLICY JECT LOC						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$3,00 \$3,00 \$	
Α	AUT X				PHPK2599804	09/30/202	3 09/30/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$ \$	
-	X	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
в	x				PHUB880716	09/30/202	3 09/30/2024	EACH OCCURRENCE	\$ \$2,000,000 \$2,000,000	
-		DED X RETENTION \$10000						\$		0,000
С					KEY0157277	09/30/202	3 09/30/2024	X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	ACCIDENT \$1,000,000	
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE \$1,000,0		0,000
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$1,000,000		0,000
		nployee Theft			105497591		3 09/30/2024			
Cyber Liability					105497591	09/30/202	3 09/30/2024	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **Professional Liability Coverage Information** Policy Number- PHPK2599804 Effective 09/30/2023 Expires 09/30/2024 Limit- \$1,000,000/\$3,000,000										
CFR	TIF					CANCELLATION	I			
							•			
*Information Purposes Only			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 REPRE	SENTATIVE				
						PETERJ. KRULLSF				
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DATE (MM/DD/YYYY)

9/22/2023

DocuSign Envelope ID: 30667067-D606-4850-A154-5943EE6A27E3

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman

Open Hand Atlanta, Inc.

Matthew Pieper Executive Director

ATTEST:

DocuSigned by: Robert L. Pitts

DocuSigned by: Tonya R. Grier

DocuSigned by:

Ladisa Onyiliogun

Tonya R. Grier Clerk to the Commission USigned by:

Fulton County Board of Commissioners

(Affix County Seal)

AUTHORIZATION OF RENEWAL:

Ladisa Onyiliogwu, Director

Department of Senior Services

ATTEST:

Secretary/ **Assistant Secretary**

(Affix Corporate Seal)

ATTEST:

Notary Public

County:

Commission Expires: _____ 2025

(Affix Notary Seal)

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ITEM#: 23-0820 RECESS MEETING	RCS : <u>11/15/2023</u>	ITEM#:_xxx	RM: ×××	
RECESS MEETING		REGULAR MEETING		

Insurance Certificate to be attached

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EXPIRES

GEORGIA May 25, 2025