

## DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

## **CONTRACT RENEWAL AGREEMENT**

**DEPARTMENT:** Real Estate and Asset Management BID/RFP# NUMBER: 25ITB1368307C-JNJ **BID/RFP# TITLE:** HVAC Equipment and Parts ORIGINAL APPROVAL DATE: June 1, 2025 **RENEWAL EFFECTIVE DATES:** January 1, 2026 **RENEWAL OPTION #**: 1 **OF** 2 **NUMBER OF RENEWAL OPTIONS: 2 RENEWAL AMOUNT: \$110,000.00 COMPANY'S NAME:** Shelton Supply dba F. M. Shelton, Inc. ADDRESS: 1434 Ralph D. Abernathy Blvd #1 **CITY:** Atlanta **STATE:** Georgia **ZIP:** 30310 This Renewal Agreement No. \_\_\_ was approved by the Fulton County Board of Commissioners on BOC DATE: \_\_\_\_\_ BOC NUMBER: \_\_\_\_\_

**CERTIFICATE OF INSURANCE:** The Contractor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

**SIGNATURES: SEE NEXT PAGE** 

## SIGNATURES:

Contractor 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	SHELTON SUPPLY DBA F. M. SHELTON, INC.
Robert L. Pitts, Chairman Fulton County Board of Commissioners ATTEST:	Fawn Shelton CEO ATTEST:
ATTEST.	
Tonya R. Grier	Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
Joseph N. Davis, Director Department of Real Estate and Asset Management	Notary Public  County:
	Commission Expires:
	(Affix Notary Seal)
ITEM#: RM:	ITEM#: 2 <sup>nd</sup> RM:
REGULAR MEETING	SECOND REGULAR MEETING

## **CERTIFICATE OF INSURANCE**