



**FULTON
COUNTY**

**EXTENSION #6
FORM TO CONTRACT**

#17RFP107111K-EC

**PROJECT MANAGEMENT TEAM
SERVICES**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**

EXTENSION NO. 6 TO FORM OF CONTRACT

Contractor: **The Joint Venture of Heery International, Inc. and McAfee3 Architects**

Contract No.: **#17RFP107111K-EC, Project Management Team Services**

Address: **999 Peachtree Street, NE**
City, State **Atlanta, Georgia 30309**

Telephone: **(404) 946-2055**

Email: rchomiak@heery.com

Contact: **Robert Chomiak, P.E. CCM, LEED AP, President**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **The Joint Venture of Heery International, Inc. and McAfee3 Architects** to provide/perform Project Management Team Services, dated October 16, 2017, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the County wishes to extend the subject contract, with all items and conditions unchanged, starting April 1, 2025, through program completion to continue to provide without disruption, project management services for the FCURA (Urban Redevelopment) Bonds Capital Improvement Programs; and period, April 1, 2025 through December 31, 2026; 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 May 7th, 2025, BOC Item #25-0348.

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 April, 2025 between the County and **The Joint Venture of Heery International, Inc. and McAfee3 Architects**, who agree that all Services specified will be performed in accordance with this Extension No. 6 to Form of Contract and the Contract Documents for an additional 24 months period, from 1st of April, 2025, with the contract ending as of the 31st of December, 2026.

1. **COMPENSATION:** The services to be performed by the Contractor during this Extension No. 6 to Form or Contract shall not exceed \$660,511.29 (Six Hundred Sixty Thousand Five Hundred Eleven Dollars and Twenty-Nine Cents).
3. **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.
4. **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.

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

Signed by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Signed by:

Tonya R. Grier

Tonya R. Grier, Clerk to the Commission

(Affix Court Seal)

APPROVED AS TO FORM:

Signed by:

Dennal Stewart

Dennal Stewart, Office of the County Attorney

APPROVED AS TO CONTENT:

Signed by:

Joseph N. Davis

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

CONTRACTOR:

**THE JOINT VENTURE OF HEERY
INTERNATIONAL, INC. AND MCAFEE3
ARCHITECTS**

Signed by:

Robert Chomiak

Robert Chomiak,
President

ATTEST:

wade purcell

Secretary/
Assistant Secretary

(Affix Corporate Seal)

Signed by:



ITEM#: 25-0348	RM: 5/7/2025	ITEM#: _____	2 ND RM: _____
REGULAR MEETING		SECOND REGULAR MEETING	



TURN&TO-01

MPERRI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2024

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 Bartlett & Company, Inc. 20 Ash Street Suite 370 Conshohocken, PA 19428	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 #	
	20303	
	INSURER C : Pacific Indemnity Company	
	20281	
	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	10/1/2024	10/1/2025	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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	7354-23-06	10/1/2024	10/1/2025	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	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<input checked="" type="checkbox"/> 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	X	7170-90-58	10/1/2024	10/1/2025	<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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