## **EXTENSION NO. 1 TO FORM OF CONTRACT**

Contractor: Happy Faces Personnel Group, Inc.

Contract No. SWC99999-001-SPD0000136-0003, Temporary Staffing Services

Address: 4333 Lynburn Drive City, State Tucker, GA 30084

E-mail: mhairston@happyfaces.net

Contact: Michael Hairston

**Chief Executive Officer** 

### WITNESSETH

WHEREAS, Fulton County ("County") entered a Contract with Happy Faces Personnel Group, Inc. to provide temporary staffing services, dated July 14, 2021, on behalf of the Department of Registration and Elections; and

WHEREAS the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional one-month period, effective January 1, 2022 through January 31, 2022; 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 December 15, 2021, BOC Item 21-1029.

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

This Extension No. 1 to Form of Contract is effective as of the 1st day of January 2022, between the County and Happy Faces Personnel Group, Inc., who agree that all Services specified will be performed by in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional one-month period, with the contract ending as of the 31st day of January 2022.

- 1. **COMPENSATION:** No additional funding.
- 3. **LIABILITY OF COUNTY:** This Extension No. 1 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. 1 TO FORM OF CONTRACT:** Except as

modified by this Extension No. 1 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: Happy Faces Personnel Group, INC.
FULTON COUNTY, GEORGIA	
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Michael Hairston
Robert L. Pitts, Chairman	——40C2812A1F4B4F5 Michael Hairston CEO
Fulton County Board of Commissioners Please select Attest or Notary fro	n about he
	m cneckbox Notary
X Attest ATTEST:	ATTEST:
	ATTEST.
DocuSigned by:	Michael Hairston
Tonya R. Grice  EEG476G4837648D	
Tonya R. Grier	Secretary/
Interim Clerk to the Commitsaiosigned by:	Assistant Secretary DocuSigned by:
(Affix County Seal)	(Affix Corporate Seal)
APPROVED AS TO FORM:	ATTEST:
DocuSigned by:	
Cheryl Kinger	
Office of the County Attorney	Notary Public
APPROVED AS TO CONTENT:	
	County:
DocuSigned by:	
MA	Commission Expires:
Full Name Direc	
Department Name	(Affix Notary Seal)
Please select RCS or RM from the	chackbox
riease select RCS of RM ITOM the	CHECKDOX
X RCS	RM
ITEM#: 2021-1029 RCS: 12/15/2021   I	TEM#: RM:
RECESS MEETING F	REGULAR MEETING



ACORD

HAPPY-3

OP ID: AR

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

12/17/2021

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 rig	phts to the certificate holder in lieu of suc	h endorsement(s).				
PRODUCER	770-973-4000	CONTACT Anita Ruffalo				
Phoenix Associates 2255 Sewell Mill Rd Suite 230		PHONE (A/C, No, Ext): 770-973-4000	FAX (A/C, No): 770-56	5-7115		
Marietta, GA 30062		E-MAIL ADDRESS: aruffalo@phoenixinsurance.net				
Donna Jean Marcus		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Philadelphia Insurance Compan	y			
INSURED Happy Faces Personnel Group Inc P.O. Box 1063 4333 Lynburn Drive Tucker, GA 30085		INSURER B. Travelers Prop Cas Co of Ameri				
		INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUM	IBER:	·		
THIS IS TO CERTIFY THAT THE PO	LICIES OF INSURANCE LISTED BELOW HA	VE BEEN ISSUED TO THE INSURED NAMED ABOV	E FOR THE POL	ICY 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	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	 S	
A	Х	COMMERCIAL GENERAL LIABILITY	III			(IIIIII) BB/1111/	(MINIO B)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			PHPK2348887	11/27/2021	11/27/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS							\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
A		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	X	EXCESS LIAB CLAIMS-MADE			PHUB792979	11/27/2021	11/27/2022	AGGREGATE	\$	1,000,000
		DED X RETENTION \$							\$	
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T	N/A	6JUB4N72939021		11/21/2021	11/21/2022	E.L. EACH ACCIDENT	\$	500,000
		CER/MEMBER EXCLUDED?	117.4					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
l										
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORI	D 101, Additional Remarks Schedule, may b	e attached if mo	re space is requi	red)		

CERTIFICATE HOLDER	CANCELLATION
Fulton County Government its officers, agents and employees 141 Pryor Street, SW Suite 7001	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Atlanta GA 30303	AUTHORIZED REPRESENTATIVE

Ginta W Ruggers

ACORD 25 (2016/03)

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DocuSign Envelope ID: B3FB8BB8-4CA6-4555-973E-209CF324603C

**NOTEPAD** 

INSURED'S NAME Happy Faces Personnel Group Inc

HAPPY-3 OP ID: AR

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Date 12/06/2021

#### AGENCY DISCLAIMER:

The issuance of this Certificate of Insurance does not guarantee that any contractual obligations have been met. Review of any contracts or insurance requirements by Phoenix Associates Insurance Agency related to this Certificate of Insurance pertains only to limits of insurance. Phoenix Associates Insurance Agency is not interpreting any contractual obligations between the parties to the contract or agreement. It is the responsibility of the named insured to consult with an attorney for interpretation and confirmation that all of the insureds contractual and insurance obligations have been met as it pertains to any agreement or contract the named insured has with the named certificate holder and any additional insured.