

AMENDMENT NO. 1 TO FORM OF CONTRACT

Contractor: **Kimley-Horn and Associates, Inc.**

Contract No. **UP1728, Fulton County Master Transit Plan**

Address: **817 W. Peachtree Street, NW, Suite 601**
City, State **Atlanta, GA 30308**

Telephone: **(404) 201-6135**

E-mail: **eric.bosman@kimley-horn.com**

Contact: **Eric Bosman, AICP**
Senior Vice-President

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Kimley-Horn and Associates, Inc., dated May 6, 2019, on behalf of the Department of Public Works; and

WHEREAS, this amendment will extend the agreement for an additional 12 months through December 31, 2020; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on March 18, 2020, BOC# 20-0217

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

This Amendment No. 1 to Form of Contract is effective as of the **10th** day of **April**, 2020, between the County and Kimley-Horn and Associates, Inc., who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** This extension is for an additional 12 month period in order to allow staff to assist the County in meeting with the cities in developing the final list of transit improvement projects and funding mechanisms through December 31, 2020.
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor in an amount not to exceed \$50,000.00 (Fifty Thousand Dollars and No Cents).

3. **LIABILITY OF COUNTY:** This Amendment 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 AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 1 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

SIGNATURES ON NEXT PAGE

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

DocuSigned by:

Robert L. Pitts

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Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox ☒ Attest ☐ Notary

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4037640D...

Tonya R. Grier
Interim Clerk to the Board of
Commission

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

Denzel Stewart

2277A2CEE73F4E4...

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

David Clark

65CE1C0FDD934B8...

David Clark
Director
Department

CONTRACTOR:

KIMLEY-HORN AND ASSOCIATES, INC.

DocuSigned by:

Eric Bosman

7CB520F3F0EE478...

Eric Bosman Vice President

ATTEST:

Cristina C Pastore

Secretary/
Assistant Secretary

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

☒ RCS

☐ RM

ITEM#: 2020-0217	RCS: 3/18/2020	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	

Insurance Certificate to be attached



20-0216 Arts and Culture

Review and request approval of one of the four site-specific public art proposals presented for consideration for installation in the newly renovated Fulton County Government Center plaza.

(ref. Item #19-0866 HELD ON 3/4/20) (MOTION TO DENY FAILED)

A motion was made by Commissioner Hausmann and seconded by Commissioner Hall to deny.

The motion failed by the following vote:

Yeas:	2 - Hausmann, Hall
Nays:	3 - Pitts, Ellis, Morris
Abstained:	1 - Carn
Absent:	1 - Arrington

Infrastructure and Economic Development

20-0217 Public Works

Request approval of a contract extension – Public Works, Atlanta Regional Commission Contract UP1728, Fulton County Transit Master Plan in an amount not to exceed \$50,000.00 with Kimley-Horn and Associates, Inc., (Atlanta, GA) to continue providing engineering and planning services associated with the update and execution of the Fulton County Transit Plan. Effective upon BOC approval. (APPROVED)

A motion was made by Commissioner Morris and seconded by Commissioner Carn to approve.

The motion passed by the following vote:

Yeas:	7 - Pitts, Hausmann, Ellis, Morris, Hall, Arrington, Carn
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Open and Responsible Government

20-0218 Tax Commissioner

Request approval of eliminating the payment processing fees charged to customers through the systems of the Tax Commissioner for property tax, motor vehicles and other fees.

A motion was made by Commissioner Hausmann and seconded by Chairman Pitts to hold.

The motion failed by the following vote:

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/31/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Greyling Ins. Brokerage/EPIC 3780 Mansell Road, Suite 370 Alpharetta, GA 30022	CONTACT NAME: Jerry Noyola PHONE (A/C, No, Ext): 770-552-4225 FAX (A/C, No): 866-550-4082 E-MAIL ADDRESS: jerry.noyola@greyling.com														
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INSURER F :															

COVERAGES**CERTIFICATE NUMBER: 19-20****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 INSR	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 <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			5268169	04/01/2019	04/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4489663	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CX005FT19	04/01/2019	04/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	015893685 (AOS) 015893686 (CA)	04/01/2019 04/01/2019	04/01/2020 04/01/2020	<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
D	Professional Liab			B0146LDUSA1904949	04/01/2019	04/01/2020	Per Claim \$2,000,000 Aggregate \$2,000,000

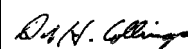
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Fulton County Transit Master Plan; KHA Project #015795014**CERTIFICATE HOLDER****CANCELLATION**

Fulton County, Georgia
Felicia Strong-Whitaker
141 Pryor Street, Suite 6001
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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ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/08/2020

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COVERAGES**CERTIFICATE NUMBER: 20-21****REVISION NUMBER:**

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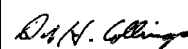
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