

## **CONTRACT EXTENSION #3**

#10RFP04122K-DJ

# PROGRAM MANAGEMENT SERVICES FOR FULTON COUNTY LIBRARY SYSTEM CAPITAL IMPROVEMENT PROGRAM, PHASE II

DEPARTMENT
REAL ESTATE AND ASSET MANAGEMENT

#### **EXTENSION NO. 3 TO FORM OF CONTRACT**

Contractor: CBRE Heery/Russell, a Joint Venture

Contract No. 10RFP04122K-DJ, Program Management Services for Fulton

County Library System Capital Improvement Program, Phase II

Address: 3550 Lenox Road, Suite 2300

City, State Atlanta, GA 30326

Telephone: (404) 946-2055

E-mail: <a href="mailto:rob.chomiak@cbre.com">rob.chomiak@cbre.com</a>

Contact: Robert Chomiak,

**Senior Managing Director** 

### WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with **CBRE Heery/Russell, a Joint Venture.** to provide Program Management Services for Fulton County Library System Capital Improvement Program, dated September 1, 2010, on behalf of the Atlanta Fulton County Library; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional six (6) months period from January 1, 2022 through June 30, 2022, to continue to provide without disruption Program Management Services for Phase II library projects and renovation projects for Fulton County Library System; 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 #21-1033.** 

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

This Extension No. 3 to Form of Contract is effective as of the 1<sup>st</sup> day of January '2022, between the County and **CBRE Heery/Russel - a Joint Venture**, who agree that all Services specified will be performed by in accordance with this Extension No. 3 to Form of Contract and the Contract Documents for an additional six (6) months period, with the contract ending as of 30<sup>th</sup> day of June '2022.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed **\$344,722.60** (Three Hundred Forty-Four Thousand

Seven Hundred Twenty-Two Dollars and Sixty Cents).

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

[INTENTIONALLY LEFT BLANK]

OWNER:

**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.

**CONSULTANT**:

FULTON COUNTY, GEORGIA	CBRE HEERY/RUSSEL- A JOINT VENTURE
DocuSigned by:	DocuSigned by:
Koburt L. Pitts ─¹₄Robert₄L. Pitts, Chairman	Robert Chomiak 
Fulton County Board of Commissioners	
ATTEST:	ATTEST:
DocuSigned by:	DocuSigned by:
Tonya R. Grier	_   Wade furcell
Clark to the Commission	Secretary/
Clerk to the Commissionsigned by:	Assistant Secretary DocuSigned by
(Affix County Se	(Affix Corporate Seal SEAL)
APPROVED AS TO FORM:	ATTEST:
DocuSigned by:	
Denval Stewart	Carolyn Norwood
22 Office of the County Attorney	Notary Public
ADDDOVED AS TO CONTENT	
APPROVED AS TO CONTENT:	County: Douglas
DocuSigned by:	
Joseph Davis	Commission Expires:10/4/2022
_ыoseph₄N. Davis, Director,	DocuSigned by:
Department of Real Estate and Asse Management	et (Affix Notary Seal)
ITEM#:RCS:RCS:	ITEM#: RM:
RECESS MEETING	REGULAR MEETING

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ACORD	)

### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/08/2021

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

PRODUCER AON Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME:					
	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 36:	-0105				
	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
MSURED CBRE Group, Inc. and Subsidiaries 2100 McKinney Avenue Suite 1250 Dallas TX 75201 USA	INSURERA: Zurich American Ins Co	16535				
	INSURER B: American Zurich Ins Co	40142				
	INSURER C: ACE Property & Casualty Insurance Co.	20699				
	INSURER D: Navigators Insurance Co	42307				
	INSURER E:					
	INSURER F:					

CERTIFICATE NUMBER: 570086957831 **COVERAGES 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,

							Limits sho	wn are as requested
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY	Y	Υ	GL0838419919	03/01/2021	03/01/2022	EACH OCCURRENCE	\$5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	POLICY PRO- JECT X LOC						PRODUCTS - COMPIOP AGG	\$5,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY ( Per person)	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	
1000	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
С	X UMBRELLA LIAB X OCCUR	Y	Υ	G27952501006	03/01/2021	03/01/2022	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED X RETENTION \$10,000	1						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC838419522	03/01/2021	03/01/2022	X PER STATUTE OTH-	The state of the s
A	ANY PROPRIETOR / PARTNER /	N/A		All Other States WC914173615	03/01/2021	03/01/2022	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A		Wisconsin	03/01/2021	1 03/01/2022	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			german annes commission and commissi			E.L. DISEASE-POLICY LIMIT	\$1,000,000
DESCR	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACC	RD 101.	Additio	nal Remarks Schedule, may be attached if	more space is required)		The state of the s	

CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc. RE: Fulton County Library Capital Improvement Program 10RFP04122-K-DJ Program Management Services. Fulton County Government is included as Additional Insured in accordance with the policy provisions of the General Liability and Umbrella Liability policies. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability and Umbrella Liability policies.

CERTIFICATE H	OLDER
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#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree St. Sw. Suite 1168 Atlanta GA 30303-3459 USA

AUTHORIZED REPRESENTATIVE

Son Risk Services Northeast Inc

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/04/2021

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 confirm in the certificate holder in lies of cush and restaurable.

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	DUCER							on Certificate Center		
Willis Towers Watson Northeast, Inc.			PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378							
c/o 26 Century Blvd			EMAIL							
P.O. Box 305191 Nashville, TN 372305191 USA			ADDRESS: Certificates@willis.com							
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INSL					INSURE	RB:				
	E Group, Inc. and its subsidiaries  McKinney Avenue, Suite 1250				INSURE	RC:				
	Las, TX 75201									
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	OTHER:							COMPINED OINOLE LINE	\$	Est. Total Landon Company (Co.
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	AND EMPLOYERS' LIABILITY Y/N						1	STATUTE   ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under		l h					E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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	ton County Government, Its Of omobile Liability.	fici	als,	Officers and Employ	yees a	re include	ed as an A	dditional Insured as	s resp	ects to
Aut	Liability policy shall be P	rima	ry a	nd Non-contributory	with	any other	insurance	in force for or whi	ich ma	y be
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						© 19	88-2016 ACC	ORD CORPORATION. A	II right	s reserved

AGENCY CUSTOMER ID:	
LOC#·	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED CBRE Group, Inc. and its subsidiaries 2100 McKinney Avenue, Suite 1250 Dallas, TX 75201		
POLICY NUMBER See Page 1				
CARRIER	NAIC CODE			
See Page 1 See Page 1		EFFECTIVE DATE: See Page 1		

#### ADDITIONAL REMARKS

contract.

THIS ADDITIONA	L REMARKS	FORM IS A SC	CHEDULE TO ACORD FORM,
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance
purchased by	Additional	Insured as	required by written contract.

Waiver of Subrogation applies in favor of Additional Insured with respects to Auto Liability as required by written

ACORD 101 (2008/01)

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SR ID: 20807211

BATCH: 2007579

CERT: W20279518