



**FULTON
COUNTY**

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: rob.chomiak@cbre.com

Contact: **Robert Chomiak,**
Senior Managing Director

W I T N E S S E T H

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 1st 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 30th 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]

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:

FULTON COUNTY, GEORGIA

CBRE HEERY/RUSSEL- A JOINT VENTURE

DocuSigned by:

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:



DocuSigned by:

Robert Chomiak

Robert Chomiak, PE, CCM
Senior Managing Director

ATTEST:

DocuSigned by:

Wade Purcell

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:



DocuSigned by:

Denzel Stewart

Office of the County Attorney

APPROVED AS TO CONTENT:

Carolyn Norwood

Notary Public

County: Douglas

DocuSigned by:

Joseph N. Davis

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

Commission Expires: 10/4/2022

(Affix Notary Seal)

DocuSigned by:



ITEM#: <u>2021-1033</u> RCS: <u>12/15/2021</u>	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING



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

PRODUCER Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No, Ext): 1-877-945-7378 FAX (A/C No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Zurich American Insurance Company NAIC # 16535	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W20279518 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	BAP 8384200-19	03/01/2021	03/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 CBRE Heery, Inc. is a subsidiary of CBRE Group, Inc.

Fulton County Government, Its Officials, Officers and Employees are included as an Additional Insured as respects to Automobile Liability.

Auto Liability policy shall be Primary and Non-contributory with any other insurance in force for or which may be

CERTIFICATE HOLDER Fulton County Government Department of Purchasing & Contract Compliance 130 Peachtree St. SW, Suite 1168 Atlanta, GA 30303-3459	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. AUTHORIZED REPRESENTATIVE
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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		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE 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 contract.