



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER:24RFP09272431C-MH

BID/RFP# TITLE: Cost Allocation Plan

ORIGINAL APPROVAL DATE: December 18, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026

RENEWAL OPTION #: 1 OF 2

NUMBER OF RENEWAL OPTIONS: 2

RENEWAL AMOUNT: \$45,000.00

COMPANY'S NAME: NAME: Cherry Bekaert Advisory LLC

ADDRESS:3800 Glenwood Avenue, Suite 200

CITY: North Carolina

STATE: NC

ZIP: 27612

This Renewal Agreement No. 1 was approved by the Fulton County Board of Commissioners on **BOC DATE:** _____ **BOC NUMBER:** _____].

RENEWAL OF CERTIFICATE OF INSURANCE: The Contractor is required to maintain insurance during the entire term of this Agreement, including contract renewal options. The Contractor must furnish the County a renewal Certificate of Insurance showing the required coverage as specified in the Contract Agreement. A current COI must be provided before the commencement of work on this project. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

Robert L. Pitts

**Robert L. Pitts, Chairman
Fulton County Board of
Commissioners**

ATTEST:

Tonya R. Grier

**Tonya R. Grier
Clerk to the Commission**

(Affix County Seal)



AUTHORIZATION OF RENEWAL:

Ray Turner

**Ray Turner, Interim Finance
Director**

ITEM#: _____	RM: _____
REGULAR MEETING	

ITEM#: 25-0853	2ND RM: 11/19/2025
SECOND REGULAR MEETING	

CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2025

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 Scott Insurance 3900 Westerre Parkway, Suite 200 Richmond VA 23233	CONTACT NAME: Cherice Tracy PHONE (A/C, No. Ext): 804-545-2234 FAX (A/C, No): 434-455-8524 E-MAIL ADDRESS: ctracey@scottins.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of America (A+) NAIC # 25674 INSURER B: The Charter Oak Fire Insurance Company (A++) 25615 INSURER C: Travelers Property Casualty Insurance Company 36161 INSURER D: Travelers Casualty and Surety Company (A++) 19038 INSURER E: INSURER F:
INSURED Cherry Bekaert Advisory, LLC Cherry Bekaert, LLP; Cherry Bekaert International, Attn: Pam White 200 S. 10th St., Suite 900 Richmond VA 23219	
CHERR-2	

COVERAGES	REVISION NUMBER:
CERTIFICATE NUMBER: 317135437	

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		
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y		6302X55382A-COF-25	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
								MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ 1,000,000	
								GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$	
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y		BA-2X557319-25-43-G	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
								BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		Y		CUP-2X557516-25-43	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 15,000,000	
								AGGREGATE	\$ 15,000,000	
									\$	
D	<input checked="" type="checkbox"/> 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	N / A	UB-2X557842-25-43-G	10/1/2025	10/1/2026	<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 are additional insured with regards to General, Auto and Umbrella liability if required by written contract.

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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Certificate Of Completion

Envelope Id: BADD5C7F-97F6-4218-B106-3A56548001CF

Status: Completed

Subject: Renewal: Cost Allocation Contract Cherry Bekaert 24RFP09272431C-MH 11-19-24 Item#25-0853

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 4

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Mark Hawks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 144.125.34.76

Record Tracking

Status: Original

11/20/2025 6:42:56 AM

Holder: Mark Hawks

Location: DocuSign

Security Appliance Status: Connected

mark.hawks@fultoncountyga.gov

Storage Appliance Status: Connected

Pool: StateLocal

Location: Docusign

Signer Events

Denise Lippuner

Signature



denise.lippuner@cbh.com

Signature Adoption: Pre-selected Style

Using IP Address: 2600:387:1:805::4d

Signed using mobile

Timestamp

Sent: 11/24/2025 7:18:51 AM

Resent: 11/24/2025 7:18:58 AM

Viewed: 11/24/2025 8:24:34 AM

Signed: 11/24/2025 8:24:47 AM

Electronic Record and Signature Disclosure:

Accepted: 11/20/2025 8:36:21 AM

ID: b904a095-603b-437a-ba13-b6cbbc105f7d

Mark Hawks

Completed

mark.hawks@fultoncountyga.gov

Sent: 11/24/2025 8:24:48 AM

Chief Assistant Purchasing Agent

Using IP Address: 74.174.59.4

Viewed: 11/24/2025 8:25:48 AM

Purchasing and Contract Compliance

Signed: 11/24/2025 8:26:45 AM

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ray Turner



Ray.Turner@fultoncountyga.gov

Signature Adoption: Pre-selected Style

Deputy Director

Using IP Address: 136.226.3.103

Sent: 11/24/2025 8:26:46 AM

Fulton County Government

Viewed: 11/24/2025 8:37:40 AM

Security Level: Email, Account Authentication (None)

Signed: 11/24/2025 8:37:54 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

Completed

nikki.peterson@fultoncountyga.gov

Using IP Address: 74.174.59.10

Sent: 11/24/2025 8:37:55 AM

Chief Deputy Clerk to the Board of Commissioners

Viewed: 11/24/2025 11:00:36 AM

Fulton County Government

Signed: 11/24/2025 11:44:49 AM

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)	<i>Robert L. Pitts</i>	Sent: 11/24/2025 11:44:51 AM Viewed: 11/24/2025 12:41:41 PM Signed: 11/24/2025 12:41:49 PM
Electronic Record and Signature Disclosure:		
Accepted: 11/24/2025 12:41:41 PM ID: f9999b59-79be-4e60-a7ac-1c21c74b8c8d	Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	<i>Tonya Grier</i>	Sent: 11/24/2025 12:41:51 PM Viewed: 11/24/2025 3:52:30 PM Signed: 11/24/2025 3:52:40 PM
Signature Adoption: Uploaded Signature Image Using IP Address: 186.189.57.162 Signed using mobile		
Electronic Record and Signature Disclosure:		
Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/24/2025 3:52:43 PM Viewed: 12/1/2025 11:15:09 AM
Electronic Record and Signature Disclosure:		
Not Offered via Docusign		
Verna Thomas verna.thomas@fultoncountyga.gov Employee Benefits Manager FINANCE DEPARTMENT Security Level: Email, Account Authentication (None)	COPIED	Sent: 11/24/2025 3:52:44 PM
Electronic Record and Signature Disclosure:		
Accepted: 8/22/2025 6:35:20 AM ID: 3e69db81-0350-40c9-8377-7ab7c8c55cae		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/20/2025 6:48:15 AM
Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
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Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
Envelope Updated	Security Checked	11/20/2025 7:21:59 AM
Certified Delivered	Security Checked	11/24/2025 3:52:30 PM
Signing Complete	Security Checked	11/24/2025 3:52:40 PM
Completed	Security Checked	11/24/2025 3:52:44 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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To contact us by email send messages to: glenn.king@fultoncountyga.gov

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

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- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.