



**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

Cherry Bekaert Advisory LLC

*Robert L. Pitts*

Robert L. Pitts, Chairman  
Fulton County Board of  
Commissioners

*Denise Lippuner*

Denise Lippuner,  
Partner

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 2 <sup>ND</sup> RM: 11/19/2025 SECOND REGULAR MEETING
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# **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).

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

**COVERAGES****CERTIFICATE NUMBER:** 317135437**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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" 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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CUP-2X557516-25-43	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

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

Atlanta, GA 30303

Canada)

mark.hawks@fultoncountyga.gov

IP Address: 144.125.34.76

## Record Tracking

Status: Original

Holder: Mark Hawks

Location: DocuSign

11/20/2025 6:42:56 AM

mark.hawks@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

## Signer Events

## Signature

## Timestamp

Denise Lippuner

denise.lippuner@cbh.com

Partner

Security Level: Email, Account Authentication  
(None)

*Denise Lippuner*

Signature Adoption: Pre-selected Style

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

Signed using mobile

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

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication  
(None)

**Completed**

Using IP Address: 74.174.59.4

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

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

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

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Ray Turner

Ray.Turner@fultoncountyga.gov

Deputy Director

Fulton County Government

Security Level: Email, Account Authentication  
(None)

*Ray Turner*

Signature Adoption: Pre-selected Style

Using IP Address: 136.226.3.103

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

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

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

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication  
(None)

**Completed**


Using IP Address: 74.174.59.10

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

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

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

## Electronic Record and Signature Disclosure:

Signer Events	Signature	Timestamp
<p>Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p> <p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/24/2025 12:41:41 PM ID: f9999b59-79be-4e60-a7ac-1c21c74b8c8d</p>	<p><i>Robert L. Pitts</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	<p>Sent: 11/24/2025 11:44:51 AM Viewed: 11/24/2025 12:41:41 PM Signed: 11/24/2025 12:41:49 PM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab</p>	<p><i>Tonya Grier</i></p>  <p>Signature Adoption: Uploaded Signature Image Using IP Address: 186.189.57.162 Signed using mobile</p>	<p>Sent: 11/24/2025 12:41:51 PM Viewed: 11/24/2025 3:52:30 PM Signed: 11/24/2025 3:52:40 PM</p>
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
<p>Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<div>COPIED</div>	<p>Sent: 11/24/2025 3:52:43 PM Viewed: 12/1/2025 11:15:09 AM</p>
<p>Verna Thomas verna.thomas@fultoncountyga.gov Employee Benefits Manager FINANCE DEPARTMENT Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 8/22/2025 6:35:20 AM ID: 3e69db81-0350-40c9-8377-7ab7c8c55cae</p>	<div>COPIED</div>	<p>Sent: 11/24/2025 3:52:44 PM</p>
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
Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
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Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
Envelope Updated	Security Checked	11/24/2025 7:18:50 AM
Envelope Updated	Security Checked	11/24/2025 7:18:50 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		

## **CONSUMER DISCLOSURE**

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Carahsoft OBO Fulton County, Georgia:**



You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov)

**To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address**

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](mailto: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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

**To request paper copies from Carahsoft OBO Fulton County, Georgia**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO Fulton County, Georgia**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to [glenn.king@fultoncountyga.gov](mailto:glenn.king@fultoncountyga.gov) and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**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

\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

**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

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- 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.