



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP# NUMBER: #20RFP1007B-EC

BID/RFP# TITLE: Wireless Communications Devices and Services

ORIGINAL APPROVAL DATE: December 16, 2020

RENEWAL EFFECTIVE DATES: 1-1-2023 THROUGH 12-31-2023

RENEWAL OPTION #: 2 OF 2

NUMBER OF RENEWAL OPTIONS: Two (2)

RENEWAL AMOUNT: \$ \$1,870,743.93

COMPANY'S NAME: AT&T Mobility National Accounts, LLC ("AT&T")

ADDRESS: 1057 Lenox Park Blvd NE

CITY: Atlanta

STATE: GA

ZIP: 30319

This Renewal Agreement No. 2 was approved by the Fulton County Board of Commissioners on BOC DATE: 11-16-22 BOC NUMBER: 22-0863

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor 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

DocuSigned by:

Robert L. Pitts

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

**AT&T MOBILITY NATIONAL
ACCOUNTS, LLC. ("AT&T")**

Linda J. Cottingham
**Linda J. Cottingham
Sr. Contract Manager**

ATTEST:

DocuSigned by:

Tonya R. Grier

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

ATTEST:

MA

**Secretary/
Assistant Secretary**

(Affix County Seal)



(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

DocuSigned by:

Lateef Ashekun

**Lateef Ashekun Interim CIO
Information Technology**

ATTEST:

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: 2022-0863

RCS: 11/16/2022

ITEM#: _____

RM: _____

RECESS MEETING

REGULAR MEETING



AT&T MOBILITY NATIONAL ACCOUNTS LLC

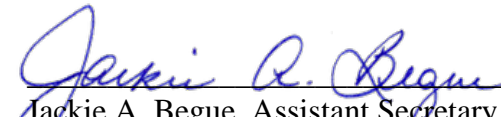
ASSISTANT SECRETARY'S CERTIFICATE

I, Jackie A. Begue, do hereby certify that I am a duly elected and qualified Assistant Secretary of AT&T Mobility Corporation, the Manager of AT&T Mobility National Accounts LLC, a Delaware limited liability company (the "Company"), and as such I am authorized to execute this certificate. In such capacity, I further certify that:

1. The Schedule of Authorizations for Affiliates of AT&T Inc. (the "Schedule") has been duly adopted by the Company, and said Schedule remains in full force and effect on the date hereof.
2. AT&T Mobility Corporation as the Manager of the Company has the authority under Section 5.6 of the Company's Limited Liability Company Operating Agreement to manage all the business affairs of the Company.
3. Section 5.15 of the Company's Limited Liability Company Operating Agreement states as follows:

"Any person or entity dealing with the Company may rely on a certificate signed by the Manager or officer on any document purporting to bind the Company shall constitute exclusive evidence to third parties of the authority of such person to execute such document on behalf of the Company and so bind the Company."
4. Linda Cottingham, Senior Solutions Architect, is authorized and empowered under the Schedule and by the Manager of the Company to execute and deliver in the name of and on behalf of the Company, any and all documents that may be required by the Fulton County Board of Commissioners regarding the Contract Renewal Agreement; BID/RFP# NUMBER: #20RFP1007B-EC

IN WITNESS WHEREOF, the undersigned has affixed her signature this 5th day of December, 2022.


Jackie A. Begue, Assistant Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2022

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 Marsh USA, Inc. 800 Market Street, Suite 1800 St. Louis, MO 63101	CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No. Ext): 866-966-4664 FAX (A/C, No): E-MAIL ADDRESS: Att.CertRequest@marsh.com																					
CN103150778-GAW-CRT-22-23 N N sr962d N	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td colspan="2">INSURER A : Old Republic Insurance Company</td> <td style="text-align: center;">24147</td> </tr> <tr> <td colspan="2">INSURER B :</td> <td></td> </tr> <tr> <td colspan="2">INSURER C :</td> <td></td> </tr> <tr> <td colspan="2">INSURER D :</td> <td></td> </tr> <tr> <td colspan="2">INSURER E :</td> <td></td> </tr> <tr> <td colspan="2">INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Old Republic Insurance Company		24147	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						
INSURED AT&T Corp. One AT&T Plaza 208 South Akard Room 1820 Dallas, TX 75202																						

COVERAGES CERTIFICATE NUMBER: CHI-010197682-01 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY 313636 22	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 313635 22	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 313638 22 (AOS)	06/01/2022	06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,500,000 E.L. DISEASE - EA EMPLOYEE \$ 1,500,000 E.L. DISEASE - POLICY LIMIT \$ 1,500,000
A	Excess Workers' Compensation / Employers' Liability			MWXS 313639 22 (OH,WA) See Second Page	06/01/2022	06/01/2023	EL Each Accident / EL Disease 1,000,000 EL Disease-Policy Limit 1,000,000

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

Re: RFP for Wireless Communication Services RFP 20RFP1007B - EC
 Fulton County Government is/are included as Additional Insured under the General Liability and Automobile Liability policies but only with respect to the requirements of the contract between the Certificate Holder and the Insured.

CERTIFICATE HOLDER CANCELLATION

Fulton County Government Attn: Department of Purchasing and Contract Compliance 130 Peachtree Street SW Suite 168 Atlanta, GA 30303	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED AT&T Corp. One AT&T Plaza 208 South Akard Room 1820 Dallas, TX 75202	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Excess Workers' Compensation -MWXS 313639 22 (OH-WA)
 Self Insured Retentions
 OH & WA - \$500,000,000 (except Terrorism)
 OH & WA - \$600,000,000 Terrorism



Fulton County

Legislation Details

File #: 22-0863 **Version:** 1 **Name:**
Type: CM Action Item - Infrastructure and Economic Development **Status:** Passed
File created: 10/4/2022 **In control:** Board of Commissioners
On agenda: 11/16/2022 **Final action:** 11/16/2022
Title: Request approval to renew an existing contract - Information Technology, 20RFP1007B-EC, Wireless Communication Service and Devices, in an amount not to exceed \$1,870,743.93 with AT&T Mobility, LLC (Atlanta, GA) to provide Countywide wireless communication services and equipment. This action exercises the second of two renewal options. No renewal options remain. Effective dates: January 1, 2023 to December 31, 2023. (APPROVED)

Sponsors:

Indexes:

Code sections:

Attachments: 1. Exhibit 1 ATT Mobility Contractor's Performance Report, 2. Exhibit 2 Contract Renewal Evaluation Form - ATT Mobility, 3. Exhibit 3 CONTRACT RENEWAL AGREEMENT FORM, 4. 22-0863 IT, 5. 22-0863 ITtg

Date	Ver.	Action By	Action	Result
11/16/2022	1	Board of Commissioners	approve	Pass