



**CHANGE ORDER #4  
FORM TO CONTRACT**

**#17RFP031617K-DJ**

**Progressive Design/Build Services  
for Big Creek Water  
Reclamation Facility (WRF)  
Expansion Project Phase 2B**

**DEPARTMENT OF PUBLIC WORKS**

**CHANGE ORDER NO. 4 TO FORM OF CONTRACT**

Contractor: Archer Western-Brown and Caldwell Joint Venture

Contract No. 17RFP031617K-DJ Progressive Design/Build Services for Big Creek Water Reclamation Facility (WRF) Expansion Project Phase 2B

Address: 990 Hammond Drive, Suite 400  
City, State Atlanta, Georgia 30328

Telephone: 404-926-0771

Email address: [dpetersen@walshgroup.com](mailto:dpetersen@walshgroup.com)

Contact: Duane Petersen,  
Chief Operating Officer

**W I T N E S S E T H**

WHEREAS, Fulton County ("County") entered into a Contract with Archer Western-Brown and Caldwell Joint Venture to perform progressive design/build services for Big Creek Water Reclamation Facility (WRF) Expansion Project Phase 2B, dated August 21, 2020, and to cover costs associated with tariffs for equipment/material purchases and overall improvements to the project site and existing administration building on behalf of the Public Works Department; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this Change Order 4 was approved by the Fulton County Board of Commissioners on **June 26<sup>th</sup>, 2024 under BOC #24-0442**.

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

This Change Order No. 4 to Form of Contract is effective as of the 26<sup>th</sup> day of June 2024, between the County and Archer Western-Brown and Caldwell Joint Venture, who agree that all Services specified will be performed by in accordance with this Change Order No. 4 to Form of Contract and the Contract Documents.

- 1. SCOPE OF WORK TO BE PERFORMED:** The Public Works Department is seeking authority to utilize the Owners Contingency within the contract for the following four (4) items:  
(1) Demolition of existing aerobic digester foundation and underslab in the amount of \$322,353.00,

(2) removal of grit and wastewater from digester ahead of demolition in the amount of \$1,314,625.00,  
(3) Administration Building window replacement and storefront upgrades in the amount of \$24,076.00 and,  
(4) various tariffs for imported material and services in the amount of \$2,121,549.00.

In summary the Public Works Department is seeking approval to utilize a total of \$3,782,603.00 from the Owner's Contingency along with an additional 30 Days to be added to 8/7/2024 date on Change Order #3, to end of contract to complete the demolition activities.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$3,782,603.00.
3. **LIABILITY OF COUNTY:** This Change Order No. 4 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 County Manager, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF CHANGE ORDER NO. 4 TO FORM OF CONTRACT:** Except as modified by this Change Order No. 4 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

DocuSign Envelope ID: C2CE3224-8A07-4C82-B82C-9E7E096BD426

**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:

**FULTON COUNTY, GEORGIA**

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 Count)

APPROVED AS TO FORM:

DocuSigned by:

*Denzel Stewart*

Denzel Stewart  
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*David Clark*

David E. Clark, Director  
Public Works

CONTRACTOR:

**ARCHER WESTERN-BROWN &  
CALDWELL (a joint-venture)**

DocuSigned by:

*Duane Petersen*

Duane Petersen,  
Chief Operating Officer

ATTEST:

*Martha Walsh*

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

*Rod Pope*

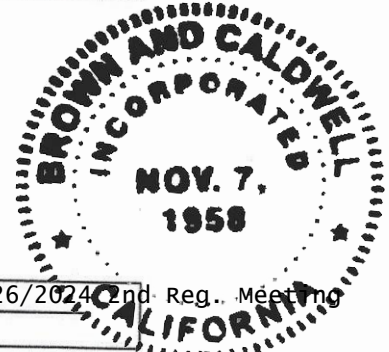
Rod Pope,  
Vice President

ATTEST:

*Rhonda*

Secretary/  
Assistant Secretary

(Affix Corporate Seal)



ITEM#: _____	RCS: _____	ITEM#: 24-0442	RM: 6/26/2024	2nd Reg. Meeting
RECESS MEETING		REGULAR MEETING		



# CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)  
05/22/2024

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> Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:  														
<b>INSURED</b> Archer Western - Brown and Caldwell, Joint Venture 929 West Adams Chicago IL 60607 USA	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B: Arch Indemnity Insurance Company</td> <td>30830</td> </tr> <tr> <td>INSURER C: National Fire &amp; Marine Ins Co</td> <td>20079</td> </tr> <tr> <td>INSURER D: Swiss Re Corp Solutions Capacity Ins Cor</td> <td>34916</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Insurance Company	11150	INSURER B: Arch Indemnity Insurance Company	30830	INSURER C: National Fire & Marine Ins Co	20079	INSURER D: Swiss Re Corp Solutions Capacity Ins Cor	34916	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

**COVERAGES**
**CERTIFICATE NUMBER:** 570105805710

**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. **Limits shown are as requested**

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		41PKG8901918 SIR applies per policy terms & conditions	06/01/2024	06/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	41PKG8901918 AOS 41CAB8902018 MA ONLY	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION	Y		41UFP1992101	06/01/2024	06/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	<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/A	44WCI8937511 AOS 41WCI8910911 FL	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
C	Contractors Pollution Liability			42CPL30532207 SIR applies per policy terms & conditions	06/01/2024	06/01/2025	Per Claim/Agg \$2,000,000

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

RE: Progressive Design/Build Services for Big Creek Water Reclamation Facility (WRF) Expansion Project, Phase 2B - Project No.: 17RFP031617K-DJ. AW/Brown and Caldwell Job No.: 220098. See attached.

**CERTIFICATE HOLDER**
**CANCELLATION**

Fulton County Department of Public Works 130 Peachtree Street SW Atlanta GA 30303 USA	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 
------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Holder Identifier : ABNO

Certificate No : 570105805710





LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,
POLICY NUMBER See Certificate Number: 570105805710		
CARRIER See Certificate Number: 570105805710	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
D	Environmental Contractors and Prof			CNP100002806 Claims Made Coverage SIR applies per policy terms & conditions	06/01/2024	06/01/2025	Per Claim/Agg	\$5,000,000



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,
POLICY NUMBER See Certificate Number: 570105805710		
CARRIER See Certificate Number: 570105805710	NAIC CODE	EFFECTIVE DATE:

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

### Excess Liability

Policy No. 47XSF30256809

Carrier: Berkshire Hathaway Specialty Ins Company

Policy Term: 06/01/2024 to 06/01/2025

Limit: \$5,000,000 Each Occurrence / \$5,000,000 Aggregate excess of primary \$5,000,000



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Archer Western - Brown and Caldwell,	
POLICY NUMBER See Certificate Number: 570105805710		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570105805710	NAIC CODE		

ADDITIONAL REMARKS

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

Continuation

Fulton County Government, its appointed and elected officials, departments, agencies, boards, commissions, its officers, employees and voluteers are Additional Insureds pertaining to General Liability, Automobile Liability and Excess Liability with respects to liability arising out of the Named Insured's operations on the referenced project. Professional services for Architects, Engineers, Consultants, etc. are excluded.

A waiver of Subrogation in favor of Fulton County Government, its appointed and elected officials, departments, agencies, boards, committees, its officers, agents, employees and voluteers is included on the workers Compensation policy.

This insurance will be Primary and Non-Contributory to the General Liability, Automobile Liability and Excess Liability policies with respect to any other available insurance to the Additional Insureds for the negligence of the insured on the referenced project.

The General Liability policy includes the perils of (XCU) Explosion, Collapse and Underground.

The General Liability does not have an exclusion for demolition work.

Excess Liability follows form to the underlying General Liability, Automobile Liability and Employers Liability policies.



POLICY NUMBER: 41PKG8901918

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
<p>Any person or organization, you have agreed by means of a written contract or agreement, to add as an additional insured; such person or organization is an additional insured on this policy.</p> <p>When required by a written contract or agreement, coverage afforded to these additional insured parties will be primary to and non-contributory with any other insurance available to that person or organization.</p>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER: 41PKG8901918

COMMERCIAL GENERAL LIABILITY  
CG 20 37 07 04**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location And Description Of Completed Operations</b>
ANY PERSON OR ORGANIZATION, YOU HAVE AGREED BY MEANS OF A WRITTEN CONTRACT OR AGREEMENT, TO ADD AS AN ADDITIONAL INSURED; SUCH PERSON OR ORGANIZATION IS AN ADDITIONAL INSURED ON THIS POLICY.  WHEN REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT, COVERAGE AFFORDED TO THESE ADDITIONAL INSURED PARTIES WILL BE PRIMARY TO AND NON- CONTRIBUTORY WITH ANY OTHER INSURANCE AVAILABLE TO THAT PERSON OR ORGANIZATION.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS  
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

**Schedule**

Person(s) or Organization(s) including mailing address:

All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.  
Endorsement Number:

Policy Number: 41PKG8901918

Named Insured: WALSH CONSTRUCTION GROUP, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTICE OF CANCELLATION – CERTIFICATE HOLDERS  
(SPECIFIED DAYS)**

The person(s) or organization(s) listed or described in the Schedule below have requested that they receive written notice of cancellation when this policy is cancelled by us. We will mail or deliver to the Person(s) or Organization(s) listed or described in the Schedule a copy of the written notice of cancellation that we sent to you. If possible, such copies of the notice will be mailed at least **60** days, except for cancellation for non-payment of premium which will be mailed 10 days, prior to the effective date of the cancellation, to the address or addresses of certificate holders as provided by your broker or agent.

**Schedule**

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All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purposes of complying with such request.

This notification of cancellation of the policy is intended as a courtesy only. Our failure to provide such notification to the person(s) or organization(s) shown in the Schedule will not extend any policy cancellation date nor impact or negate any cancellation of the policy. This endorsement does not entitle the person(s) or organization(s) listed or described in the Schedule above to any benefit, rights or protection under this policy.

Any provision of this endorsement that is in conflict with a statute or rule is hereby amended to conform to that statute or rule.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 44WCI8937511

Named Insured: WALSH CONSTRUCTION GROUP, LLC

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 06-01-24

**Certificate Of Completion**

Envelope Id: C2CE32248A074C82B82C9E7E096BD426

Status: Completed

Subject: #17RFP031617K-DJ; Progressive D-B Services for WRF-CO#4 to Archer Western-Brown Caldwell

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 12

Signatures: 4

Envelope Originator:

Certificate Pages: 6

Initials: 0

Darlene Banks

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing &amp; Contract Compliance, Suite 1168

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

Atlanta, GA 30303

darlene.banks@fultoncountyga.gov

IP Address: 76.232.52.73

**Record Tracking**

Status: Original

Holder: Darlene Banks

Location: DocuSign

7/2/2024 10:18:19 AM

darlene.banks@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: DocuSign

**Signer Events****Signature****Timestamp**

DARLENE BANKS

**Completed**

Sent: 7/2/2024 10:22:30 AM

darlene.banks@fultoncountyga.gov

Viewed: 7/2/2024 10:22:59 AM

Assistant Purchasing Agent

Signed: 7/2/2024 10:23:13 AM

Fulton County Government

Using IP Address: 76.232.52.73

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**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

David Clark

DocuSigned by:

david.clark@fultoncountyga.gov

*David Clark*

Director

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Viewed: 7/2/2024 10:26:49 AM

Signed: 7/2/2024 10:26:56 AM

Public Works

Signature Adoption: Pre-selected Style

Security Level: Email, Account Authentication (None)

Using IP Address: 73.237.152.107

**Electronic Record and Signature Disclosure:**

Accepted: 11/13/2017 10:07:14 AM

ID: 62e0a41e-60ea-4640-a1cb-69bfc2cfa732

Denval Stewart

DocuSigned by:

denval.stewart@fultoncountyga.gov

*Denval Stewart*

Security Level: Email, Account Authentication (None)

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Sent: 7/22/2024 8:24:31 AM

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Viewed: 7/30/2024 7:13:05 AM

Signed: 7/30/2024 7:14:16 AM

Signature Adoption: Pre-selected Style

Using IP Address: 68.208.197.4

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Patrick O'Connor

**Completed**

Sent: 7/2/2024 10:26:58 AM

patrick.oconnor@fultoncountyga.gov

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Security Level: Email, Account Authentication (None)

Viewed: 7/8/2024 6:56:03 AM

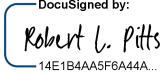
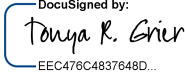

Signed: 8/4/2024 2:05:09 PM

Using IP Address: 75.58.45.186

**Electronic Record and Signature Disclosure:**

Accepted: 8/4/2024 2:04:25 PM

ID: c5dcfad8-0949-4084-9efd-1c620b3ce9bb

Signer Events	Signature	Timestamp
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p><b>Completed</b></p> <p>Using IP Address: 68.208.197.4</p>	<p>Sent: 8/4/2024 2:05:10 PM Viewed: 8/5/2024 8:44:33 AM Signed: 8/5/2024 8:46:55 AM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 8/5/2024 12:13:51 PM ID: 355b8a55-e7c7-4624-8834-d781949a24f4</p>	<p>DocuSigned by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4</p>	<p>Sent: 8/5/2024 8:46:56 AM Viewed: 8/5/2024 12:13:51 PM Signed: 8/5/2024 12:14:02 PM</p>
<p>Tonya R. Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>DocuSigned by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 99.96.24.191</p>	<p>Sent: 8/5/2024 12:14:03 PM Viewed: 8/5/2024 12:18:13 PM Signed: 8/5/2024 12:18:24 PM</p>
<p>DARLENE BANKS darlene.banks@fultoncountyga.gov Assistant Purchasing Agent Fulton County Government Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign</p>	<p><b>Completed</b></p> <p>Using IP Address: 172.3.170.13</p>	<p>Sent: 8/5/2024 12:18:27 PM Viewed: 8/5/2024 12:34:40 PM Signed: 8/5/2024 12:34:45 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

Carbon Copy Events	Status	Timestamp
Duane Petersen dpetersen@walshgroup.com President Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 6/27/2024 10:18:56 AM ID: f757ea62-9539-43ee-8bc1-97c780af78fa	COPIED	Sent: 7/2/2024 10:22:28 AM Viewed: 7/2/2024 10:46:41 AM
Mindy Nicholas mnicholas@walshgroup.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 7/2/2024 10:22:29 AM
Rod Pope RPope@Brwncaled.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 7/2/2024 10:22:29 AM Viewed: 7/2/2024 12:38:53 PM
Dian DeVaughn dian.devaughn@futoncountyga.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 8/5/2024 12:34:48 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/2/2024 10:22:28 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Envelope Updated	Security Checked	7/22/2024 8:24:30 AM
Certified Delivered	Security Checked	8/5/2024 12:34:40 PM
Signing Complete	Security Checked	8/5/2024 12:34:45 PM
Completed	Security Checked	8/5/2024 12:34:48 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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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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