



**FULTON
COUNTY**

**CHANGE ORDER #1
FORM TO CONTRACT**

**#20RFP011320K-DB
CONSTRUCTION MANAGEMENT AT
RISK SERVICES FOR THE RENOVATION
AND REFURBISHMENT OF THE
RESTROOMS AND COMMON AREAS IN
THE FULTON COUNTY GOVERNMENT
AND JUDICIAL CENTER COMPLEXES –
PHASE I**

**DEPARTMENT OF REAL ESTATE AND ASSET
MANAGEMENT**

CHANGE ORDER NO. 1 TO FORM OF CONTRACT

Contractor: H.J. Russell & Company

Contract No. 20RFP011320K-DB, Construction Management at Risk Services for the Renovation and Refurbishment of the Restrooms and Common Areas in the Fulton County Government and Judicial Center Complexes – Phase I

Address: 171 17th Street, Suite 1600
City, State Atlanta, Georgia 30363

Telephone: (404) 330-1000

E-mail: mswick@hjrussell.com

Contact: Michael Swick, Vice President of Operations

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **H.J. Russell & Company** to provide/perform Construction Management at Risk Services for the Renovation and Refurbishment of the Restrooms and Common Areas in the Fulton County Government Judicial Center Complexes – Phase I, dated October 20, 2020, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this change order is required to make modification to the existing Scope of Work to provide additional restrooms modifications and common area improvements because of unforeseen existing conditions for the Fulton County Judicial and Government Center Complexes, Phase I Project for Fulton County.

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

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on **Wednesday, May 18th, 2022, BOC Item #22-0341.**

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

This Change Order No. 1 to Form of Contract is effective as of the 18th day of May, 2022, between the H.J Russell & Company, who agree that all Services specified will be performed in accordance with this Change Order No. 1 of Form of Contract and the Contract Documents. To extend this Phase I Project and the contract term by an additional three (3) months period through September 30th, 2022.

1. **SCOPE OF WORK TO BE PERFORMED:** Modify the existing Scope of Work to perform additional restrooms modifications and common areas improvements because of unforeseen existing conditions for the Fulton County Judicial and Government Center Complexes- Phase I Project.

This Project includes the renovation and refurbishment of designated public accessible restrooms and common areas in the Fulton County Judicial and Government Center Complexes making them compliant with the 2010 Americans with Disabilities Act (ADA) and applicable building codes and is fully funded by FCURA Urban Redevelopment Bond proceeds.

This Change Order is necessary to complete the designated restrooms modifications and common areas improvements of these conditions will continue to impact the project budget and schedule coupled with rising construction costs and materials delivery impacts industry wide, this Change Order is merited.

Detailed Breakdown Costs for Change Order No. 1:

	Item Description	Change Order Costs
1	Plumbing Issues	\$225,306.97
2	Electrical Issues	\$23,700.00
3	Setting Bed & Existing Tile Floor	\$19,379.43
4	Miscellaneous Modifications	\$80,838.17
5	Metal Studs Deterioration	\$67,002.05
6	Support Steel for Toilet Partitions	\$30,000.00
7	COVID Driven Changes	\$19,205.00
	Subtotal	\$465,431.16
8	Contingency/Materials Costs Escalation	\$46,543.16
9	Insurance & Bonds	\$23,427.67
10	General Conditions	\$124,500.00
11	Credit: GCT4 Scope/Value Engineer	(\$123,092.00)
12	Credit: MRB Scope/Value Engineer	(\$63,046.00)
	Total Change Order Cost	\$473,764.45

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$473,764.45** (Four Hundred Seventy-Three Thousand Seven Hundred Sixty-Four Dollars and Forty-Five Cents).
3. **LIABILITY OF COUNTY:** This Change Order No. 1 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.

4. **EFFECT OF CHANGE ORDER NO. 1 TO FORM OF CONTRACT:**
Except as modified by this Change Order No. 1 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:

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 County Seal)

APPROVED AS TO FORM:

DocuSigned by:

Dennal Stewart

Dennal Stewart
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Joseph N. Davis

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

CONSULTANT:

H.J. RUSSELL & COMPANY

DocuSigned by:

Michael Swick

Michael Swick,
Vice President of Operations

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

ITEM#: 2022-0341 RCS: 5/18/2022
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING

DocuSign Envelope ID: 026734E7-0DF4-4665-A54B-FA2727CFF5AE

HJRUSSE

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/16/2022

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

PRODUCER Marsh & McLennan Agency LLC 11330 Lakefield Drive Suite 100 Johns Creek, GA 30097-1508		CONTACT NAME: Rachel Raham PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: rachel.raham@marshmma.com															
INSURED H. J. Russell & Company 171 17th St NW Ste 1600 Atlanta, GA 30363		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : The First Liberty Insurance Corporation</td> <td>33588</td> </tr> <tr> <td>INSURER B : Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER C : Employers Insurance Company of Wausau</td> <td>21458</td> </tr> <tr> <td>INSURER D : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER E : American Guarantee and Liability Insura</td> <td>26247</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The First Liberty Insurance Corporation	33588	INSURER B : Liberty Insurance Corporation	42404	INSURER C : Employers Insurance Company of Wausau	21458	INSURER D : Indian Harbor Insurance Company	36940	INSURER E : American Guarantee and Liability Insura	26247	INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****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.

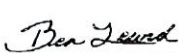
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$25,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	TB6Z91464544031	09/01/2021	09/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	AS6Z91464544011	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0	X	X	TH7Z91464544041	09/01/2021	09/01/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	X	N/A	WCCZ91464544021	09/01/2021	09/01/2022	<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
D	Professional & Pollution Liab			CEO744646004	09/01/2021	09/01/2022	\$5,000,000/\$5,000,000
E	Excess Liability			SFX018356706	09/01/2021	09/01/2022	\$15,000,000/\$15,000,000

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

Re: Proposal #20RFP011320K-DB Construction Management at Risk Services for the Renovation and Refurbishment of the Restrooms and Common Areas in the Fulton County Government and Judicial Center Complexes - Phase I.

(GL) Per Project or Location Agg Limit per form LC 25 19 01 15 Designated Construction Project or Designated Location Combined Aggregate Limits - With Total Aggregate Limit For All Projects and Locations (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government Department of Purchasing & Contract Compliance 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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DESCRIPTIONS (Continued from Page 1)

(GL) AI - Ongoing Ops per form CG 20 10 04 13 Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization

(GL) AI - Completed Ops per form CG 20 37 04 13 Additional Insured - Owners, Lessees or Contractors - Completed Operations

(GL) PNC per form CG 20 01 04 13 Primary and Noncontributory - Other Insurance Condition

(GL) WOS per form CG 24 04 05 09 Waiver of Transfer of Rights of Recovery Against Others to us

(GL) 30 Day NOC per form LIM 99 01 05 11 Notice of Cancellation to Third Parties

(AUTO) AI per form CA 20 48 10 13 Designated Insured for Covered Autos Liability Coverage

(AUTO) PNC per form AC 84 23 08 11 Designated Insured - Noncontributing

(AUTO) WOS per form AC 84 07 11 17 Auto Enhancement Endorsement

(AUTO) 90 Day NOC per form LIM 99 01 05 11 Notice of Cancellation to Third Parties

(WC) WOS per form WC 00 03 13 04 84 Waiver of Right to Recover from Others Endorsement

(WC) 30 Day NOC per form WC 99 20 75 12 16 Notice of Cancellation to Third Parties

(UMB) Per Project or Location Agg Limit per form LCU 25 05 05 18 Designated Location and Designated Construction Project General Aggregate Limit with Optional Capped Aggregate Limit

(UMB) Follows Form & AI per form LCU 00 01 01 18 Commercial Liability - Umbrella Coverage Form

(UMB) WOS per form LCU 24 07 01 18 Waiver of Transfer of Rights of Recovery Against Others To Us

(UMB) 30 Day NOC per form LCU 99 16 01 18 Notice of Cancellation to Third Parties