

TASK ORDER NO. 2 TO FORM OF CONTRACT

Contractor: **Sizemore Group, LLC**

Contract No. **20RFP124887K-BKJ, Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural and Engineering Services**

Address: **342 Marietta Street, NW Unit 3**
City, State **Atlanta, GA 30313**

Telephone: **(404) 605-0690**

E-mail: **lilyb@sizemoregroup.com**

Contact: **Lily Berrios**
President & Principal-In-Charge

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Sizemore Group, LLC** to provide Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural and Engineering Services, dated 3rd day of March, 2021, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS; the purpose for this task order is to increase spending authority to provide professional design services for the Fulton County Government Behavioral Health Crisis Center located within the existing Oak Hill Child, Adolescent & Family Center at 2805 Metropolitan Parkway SW, Atlanta, GA 30315; and

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

WHEREAS, this task order was approved by the Fulton County Board of Commissioners on **September 7, 2022, BOC Item #22-0639**.

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

This Task Order No. 2 to Form of Contract is effective as of the 7th day of September, 2022, between the County and Sizemore Group, LLC, who agree that all Services specified will be performed in accordance with this Task Order No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To furnish all the standby

professional architectural & engineering management services, related planning, contract administration, all detailed design services and construction phase for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

Scope of Work:

The intent is to renovate the existing facilities at this location and accommodate the space needed to deliver Adult and Adolescent Services. The center shall offer a “no wrong door” philosophy to ensure access to anyone in need of behavioral health services. These functions will benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits. The Project Description for the Fulton County Behavioral Crisis Center and the Request for Proposal dated June 1, 2022, provide additional details used as a basis for the response.

Services:

The Design Services will include the services needed to produce Documents and Specifications to allow the County to procure a construction professional team to do construction. This includes overall project management, site visits and meetings needed in person or remotely. The total compensation will be the sum of the Design Phases and Construction Phase as listed in the table below.

Compensation:

Tasks / Phase		Total
	Arch, MEP&F, Security, Communication, Structural	\$236,680.00
Design Phase Total		
	Programming and Enhanced Schematic Design	\$219,630.00
	Procurement	\$17,050.00
Construction Documents		\$400,000.00
Construction Administration Phase total		\$102,500.00
	Construction Administration	\$92,000.00
	Warranty	\$10,500.00
Total Design and CA Compensation		\$739,180.00

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$739,180.00** (Seven Hundred and Thirty-Nine Thousand One Hundred and Eighty Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Task Order No. 2 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 TASK ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Task Order No. 2 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:

CONSULTANT:

FULTON COUNTY, GEORGIA

SIZEMORE GROUP, LLC

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Lily Bernios

Lily Bernios,
President & Principal-In-Charge

Please select Attest or Notary from checkbox
ATTEST: ☐ Attest

ATTEST: ☐ Attest

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

County: _____

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

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2022

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 Relation Insurance, Inc. 5825 Medlock Bridge Parkway Johns Creek GA 30022	CONTACT NAME: Kim Langley PHONE (A/C, No, Ext): (678) 740-0241 FAX (A/C, No): (678) 740-0241 E-MAIL ADDRESS: kim.langley@relationinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Sentinel Insurance Company, Ltd.</td> <td>11000</td> </tr> <tr> <td>INSURER B: Utica National Ins Co of Ohio</td> <td>13998</td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Company, Ltd.	11000	INSURER B: Utica National Ins Co of Ohio	13998	INSURER C: Continental Casualty Company	20443	INSURER D:		INSURER E:		INSURER F:	
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INSURED Sizemore Group, LLC. 342 Marietta St NW Suites 2 & 3 Atlanta GA 30313															

COVERAGES**CERTIFICATE NUMBER:** CL221680049**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	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	5401136	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AEH008234253	11/01/2021	11/01/2022	Per Claim Limit: \$3,000,000 Aggregate Limit: \$4,000,000 Deductible: \$26,250

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

RE: Contract Agreement - 20RFP124887K-BKJ - Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments - Architectural and Engineering Services - BOC Item #22-0639
 Business Personal Property coverage is provided under policy no. 20SBAAG4495 effective 1/1/2022-23 written through Sentinel Ins. Co. with a limit of \$348,300 and a \$250 deductible. The coverage is special cause of loss including theft subject to normal policy exclusions.
 Fulton County Government, its officials, officers and employees are added as an additional insured with waiver of subrogation and 30 day notice of cancellation under the general liability, auto liability and umbrella as required by written contract.
 Waiver of subrogation and 30 day notice of cancellation apply for Fulton County Government, its officials, officers and employees as required by written

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government. Attn: Purchasing Dept. 130 Peachtree Street, SW Suite 1168 Atlanta GA 30303-3459	<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: center;"><i>Kim Langley</i></p>
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AGENCY CUSTOMER ID: 00000551

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Relation Insurance, Inc.		NAMED INSURED Sizemore Group, LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

contract.
The insured's policies are primary and non-contributory.

Sizemore Group will provide Design Professional Services for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

Scope:

The intent is to renovate the existing facilities at this location and accommodate the space needed to deliver Adult and Adolescent Services. The center shall offer a “no wrong door” philosophy to ensure access to anyone in need of behavioral health services. These functions will benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits. The Project Description for the Fulton County Behavioral Crisis Center and the Request for Proposal dated June 1, 2022, provide additional details used as a basis for the response.

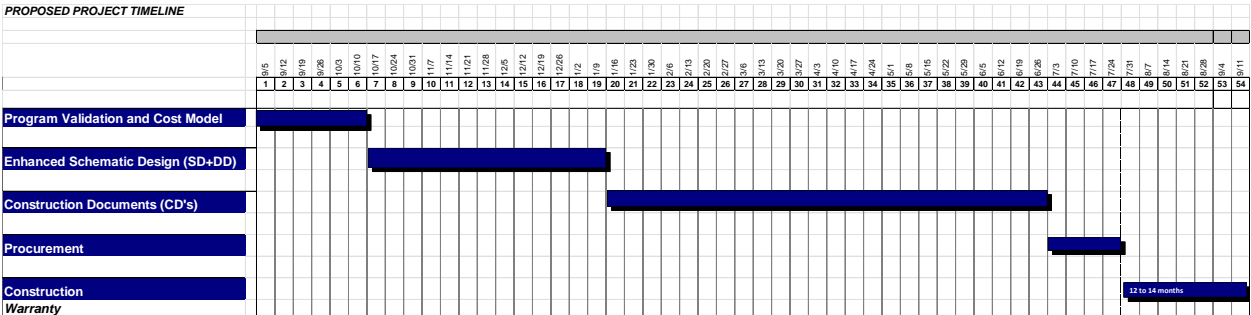
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Compensation:

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Warranty	\$10,500
Total Design and CA Compensation	\$739,180

Schedule:



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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:

CONSULTANT:

FULTON COUNTY, GEORGIA

SIZEMORE GROUP, LLC

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Lily Bernios

Lily Bernios,
President & Principal-In-Charge

ATTEST:

ATTEST:

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

County: _____

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

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2022

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COVERAGES**CERTIFICATE NUMBER:** CL221680049**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
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	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
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	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	5401136	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AEH008234253	11/01/2021	11/01/2022	Per Claim Limit: \$3,000,000
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CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government. Attn: Purchasing Dept. 130 Peachtree Street, SW Suite 1168 Atlanta GA 30303-3459	<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: center;"><i>Kim Langley</i></p>
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AGENCY CUSTOMER ID: 00000551

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY Relation Insurance, Inc.		NAMED INSURED Sizemore Group, LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

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The insured's policies are primary and non-contributory.

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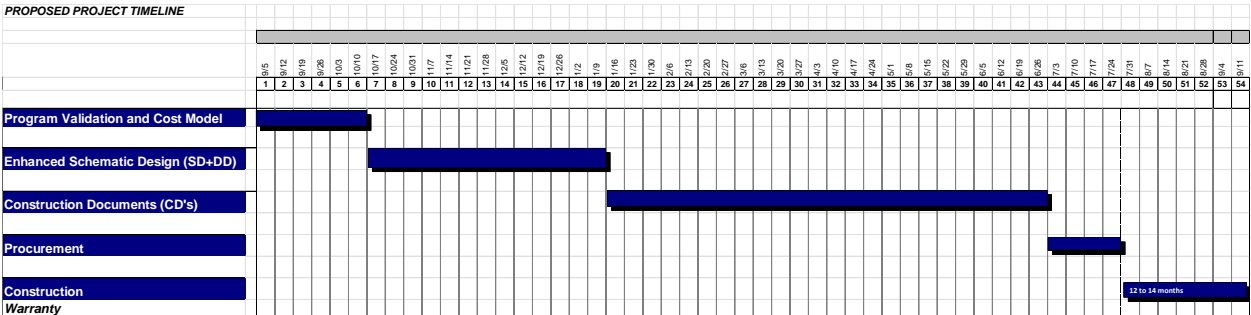
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Construction Administration Phase total	\$102,500
Construction Administration	\$92,000
Warranty	\$10,500
Total Design and CA Compensation	\$739,180

Schedule:



TASK ORDER NO. 2 TO FORM OF CONTRACT

Contractor: **Sizemore Group, LLC**

Contract No. **20RFP124887K-BKJ, Standby Professional Services for Facilities
Related Planning, Design, Engineering and Assessments-
Architectural and Engineering Services**

Address: **342 Marietta Street, NW Unit 3**
City, State **Atlanta, GA 30313**

Telephone: **(404) 605-0690**

E-mail: **lilyb@sizemoregroup.com**

Contact: **Lily Berrios**
President & Principal-In-Charge

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Sizemore Group, LLC** to provide Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural and Engineering Services, dated 3rd day of March, 2021, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS; the purpose for this task order is to increase spending authority to provide professional design services for the Fulton County Government Behavioral Health Crisis Center located within the existing Oak Hill Child, Adolescent & Family Center at 2805 Metropolitan Parkway SW, Atlanta, GA 30315; and

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

WHEREAS, this task order was approved by the Fulton County Board of Commissioners on **September 7, 2022, BOC Item #22-0639**.

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

This Task Order No. 2 to Form of Contract is effective as of the 7th day of September, 2022, between the County and Sizemore Group, LLC, who agree that all Services specified will be performed in accordance with this Task Order No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To furnish all the standby

professional architectural & engineering management services, related planning, contract administration, all detailed design services and construction phase for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

Scope of Work:

The intent is to renovate the existing facilities at this location and accommodate the space needed to deliver Adult and Adolescent Services. The center shall offer a “no wrong door” philosophy to ensure access to anyone in need of behavioral health services. These functions will benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits. The Project Description for the Fulton County Behavioral Crisis Center and the Request for Proposal dated June 1, 2022, provide additional details used as a basis for the response.

Services:

The Design Services will include the services needed to produce Documents and Specifications to allow the County to procure a construction professional team to do construction. This includes overall project management, site visits and meetings needed in person or remotely. The total compensation will be the sum of the Design Phases and Construction Phase as listed in the table below.

Compensation:

Tasks / Phase		Total
	Arch, MEP&F, Security, Communication, Structural	\$236,680.00
Design Phase Total		
	Programming and Enhanced Schematic Design	\$219,630.00
	Procurement	\$17,050.00
Construction Documents		\$400,000.00
Construction Administration Phase total		\$102,500.00
	Construction Administration	\$92,000.00
	Warranty	\$10,500.00
Total Design and CA Compensation		\$739,180.00

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$739,180.00** (Seven Hundred and Thirty-Nine Thousand One Hundred and Eighty Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Task Order No. 2 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 TASK ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Task Order No. 2 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:

SIZEMORE GROUP, LLC

DocuSigned by:

Lily Berrios

Lily Berrios,
President & Principal-In-Charge

ATTEST :

Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

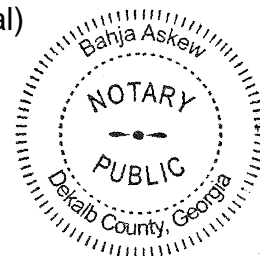
Bahja Askew

Notary Public

County: Dekalb

Commission Expires: 09/29/24

(Affix Notary Seal)



Please select RCS or RM from the checkbox

RCS

X RM

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: 2022-0639 RM: 9/7/2022
REGULAR MEETING





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2022

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 Relation Insurance, Inc. 5825 Medlock Bridge Parkway Johns Creek GA 30022	CONTACT NAME: Kim Langley PHONE (A/C, No, Ext): (678) 740-0241 FAX (A/C, No): (678) 740-0241 E-MAIL ADDRESS: kim.langley@relationinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Sentinel Insurance Company, Ltd.</td> <td>11000</td> </tr> <tr> <td>INSURER B: Utica National Ins Co of Ohio</td> <td>13998</td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Company, Ltd.	11000	INSURER B: Utica National Ins Co of Ohio	13998	INSURER C: Continental Casualty Company	20443	INSURER D:		INSURER E:		INSURER F:	
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INSURER B: Utica National Ins Co of Ohio	13998														
INSURER C: Continental Casualty Company	20443														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Sizemore Group, LLC. 342 Marietta St NW Suites 2 & 3 Atlanta GA 30313															

COVERAGES**CERTIFICATE NUMBER:** CL221680049**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	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	5401136	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AEH008234253	11/01/2021	11/01/2022	Per Claim Limit: \$3,000,000 Aggregate Limit: \$4,000,000 Deductible: \$26,250

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

RE: Contract Agreement - 20RFP124887K-BKJ - Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments - Architectural and Engineering Services - BOC Item #22-0639
 Business Personal Property coverage is provided under policy no. 20SBAAG4495 effective 1/1/2022-23 written through Sentinel Ins. Co. with a limit of \$348,300 and a \$250 deductible. The coverage is special cause of loss including theft subject to normal policy exclusions.
 Fulton County Government, its officials, officers and employees are added as an additional insured with waiver of subrogation and 30 day notice of cancellation under the general liability, auto liability and umbrella as required by written contract.
 Waiver of subrogation and 30 day notice of cancellation apply for Fulton County Government, its officials, officers and employees as required by written

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government. Attn: Purchasing Dept. 130 Peachtree Street, SW Suite 1168 Atlanta GA 30303-3459	<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: center;"><i>Kim Langley</i></p>
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AGENCY CUSTOMER ID: 00000551

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Relation Insurance, Inc.		NAMED INSURED Sizemore Group, LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

contract.
The insured's policies are primary and non-contributory.

Sizemore Group will provide Design Professional Services for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

Scope:

The intent is to renovate the existing facilities at this location and accommodate the space needed to deliver Adult and Adolescent Services. The center shall offer a “no wrong door” philosophy to ensure access to anyone in need of behavioral health services. These functions will benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits. The Project Description for the Fulton County Behavioral Crisis Center and the Request for Proposal dated June 1, 2022, provide additional details used as a basis for the response.

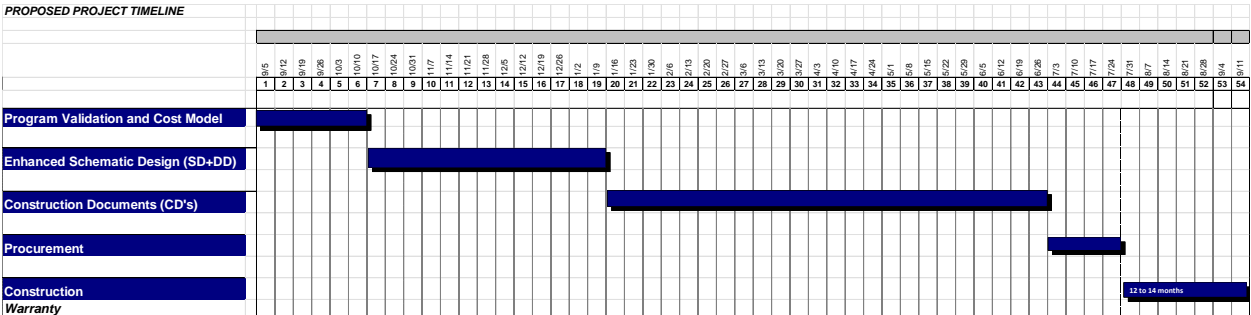
Services:

The Design Services will include the services needed to produce Documents and Specifications to allow the County to procure a construction professional team to do construction. This includes overall project management, site visits and meetings needed in person or remotely. The total compensation will be the sum of the Design Phases and Construction Phase as listed in the table below.

Compensation:

Tasks / Phase	Total
Arch, MEP&F, Security, Communication, Structural	\$236,680
Design Phase Total	
Programming and Enhanced Schematic Design	\$219,630
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Construction Administration	\$92,000
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Total Design and CA Compensation	\$739,180

Schedule:



TASK ORDER NO. 2 TO FORM OF CONTRACT

Contractor: **Sizemore Group, LLC**

Contract No. **20RFP124887K-BKJ, Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural and Engineering Services**

Address: **342 Marietta Street, NW Unit 3**
City, State **Atlanta, GA 30313**

Telephone: **(404) 605-0690**

E-mail: **lilyb@sizemoregroup.com**

Contact: **Lily Berrios**
President & Principal-In-Charge

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Sizemore Group, LLC** to provide Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments-Architectural and Engineering Services, dated 3rd day of March, 2021, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS; the purpose for this task order is to increase spending authority to provide professional design services for the Fulton County Government Behavioral Health Crisis Center located within the existing Oak Hill Child, Adolescent & Family Center at 2805 Metropolitan Parkway SW, Atlanta, GA 30315; and

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

WHEREAS, this task order was approved by the Fulton County Board of Commissioners on **September 7, 2022, BOC Item #22-0639**.

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

This Task Order No. 2 to Form of Contract is effective as of the 7th day of September, 2022, between the County and Sizemore Group, LLC, who agree that all Services specified will be performed in accordance with this Task Order No. 2 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To furnish all the standby

professional architectural & engineering management services, related planning, contract administration, all detailed design services and construction phase for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

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	Warranty	\$10,500.00
Total Design and CA Compensation		\$739,180.00

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$739,180.00** (Seven Hundred and Thirty-Nine Thousand One Hundred and Eighty Dollars and Zero Cents).
3. **LIABILITY OF COUNTY:** This Task Order No. 2 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 TASK ORDER NO. 2 TO FORM OF CONTRACT:** Except as modified by this Task Order No. 2 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:

CONSULTANT:

FULTON COUNTY, GEORGIA

SIZEMORE GROUP, LLC

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

DocuSigned by:
Lily Bernios

Lily Bernios,
President & Principal-In-Charge

ATTEST:

ATTEST:

Tonya R. Grier
Clerk to the Commission

Secretary/
Assistant Secretary

(Affix County Seal)

(Affix Corporate Seal)

APPROVED AS TO FORM:

ATTEST:

Office of the County Attorney

Notary Public

APPROVED AS TO CONTENT:

County: _____

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

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
--	--





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2022

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 Relation Insurance, Inc. 5825 Medlock Bridge Parkway Johns Creek GA 30022	CONTACT NAME: Kim Langley PHONE (A/C, No, Ext): (678) 740-0241 FAX (A/C, No): (678) 740-0241 E-MAIL ADDRESS: kim.langley@relationinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Sentinel Insurance Company, Ltd.</td> <td>11000</td> </tr> <tr> <td>INSURER B: Utica National Ins Co of Ohio</td> <td>13998</td> </tr> <tr> <td>INSURER C: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Company, Ltd.	11000	INSURER B: Utica National Ins Co of Ohio	13998	INSURER C: Continental Casualty Company	20443	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Continental Casualty Company	20443														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Sizemore Group, LLC. 342 Marietta St NW Suites 2 & 3 Atlanta GA 30313															

COVERAGES**CERTIFICATE NUMBER:** CL221680049**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	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	20SBAAG4495	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	5401136	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			AEH008234253	11/01/2021	11/01/2022	Per Claim Limit: \$3,000,000 Aggregate Limit: \$4,000,000 Deductible: \$26,250

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

RE: Contract Agreement - 20RFP124887K-BKJ - Standby Professional Services for Facilities Related Planning, Design, Engineering and Assessments - Architectural and Engineering Services - BOC Item #22-0639
 Business Personal Property coverage is provided under policy no. 20SBAAG4495 effective 1/1/2022-23 written through Sentinel Ins. Co. with a limit of \$348,300 and a \$250 deductible. The coverage is special cause of loss including theft subject to normal policy exclusions.
 Fulton County Government, its officials, officers and employees are added as an additional insured with waiver of subrogation and 30 day notice of cancellation under the general liability, auto liability and umbrella as required by written contract.
 Waiver of subrogation and 30 day notice of cancellation apply for Fulton County Government, its officials, officers and employees as required by written

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government. Attn: Purchasing Dept. 130 Peachtree Street, SW Suite 1168 Atlanta GA 30303-3459	<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: center;"><i>Kim Langley</i></p>
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AGENCY CUSTOMER ID: 00000551

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY Relation Insurance, Inc.		NAMED INSURED Sizemore Group, LLC.
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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

contract.
The insured's policies are primary and non-contributory.

Sizemore Group will provide Design Professional Services for the Fulton County Government Behavioral Health Crisis Center which will be located within the existing Oak Hill Child, Adolescent & Family Center facility at 2805 Metropolitan Pkwy SW, Atlanta, GA 30315.

Scope:

The intent is to renovate the existing facilities at this location and accommodate the space needed to deliver Adult and Adolescent Services. The center shall offer a “no wrong door” philosophy to ensure access to anyone in need of behavioral health services. These functions will benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits. The Project Description for the Fulton County Behavioral Crisis Center and the Request for Proposal dated June 1, 2022, provide additional details used as a basis for the response.

Services:

The Design Services will include the services needed to produce Documents and Specifications to allow the County to procure a construction professional team to do construction. This includes overall project management, site visits and meetings needed in person or remotely. The total compensation will be the sum of the Design Phases and Construction Phase as listed in the table below.

Compensation:

Tasks / Phase	Total
Arch, MEP&F, Security, Communication, Structural	\$236,680
Design Phase Total	
Programming and Enhanced Schematic Design	\$219,630
Procurement	\$17,050
Construction Documents	\$400,000
Construction Administration Phase total	\$102,500
Construction Administration	\$92,000
Warranty	\$10,500
Total Design and CA Compensation	\$739,180

Schedule:

