

**AMENDMENT NO. 1 TO FORM OF CONTRACT**

Contractor: **America Facility Services, Inc.**

Contract No. **21ITB128258C-CG, Janitorial Services for Selected Fulton County Group G (North Service Centers & Central Service Centers)**

Address: **1325 Union Hill Industrial Court, Suite A**  
City, State **Alpharetta, GA 30004**

Telephone: **(770) 740-1613**

E-mail: [\*\*kmccann@amfacility.com\*\*](mailto:kmccann@amfacility.com)

Contact: **Kevin McCann**  
**President**

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

WHEREAS, Fulton County ("County") entered into a Contract with American Facility Services, Inc. to provide janitorial services for North Fulton Libraries (Group D), dated January 19, 2022, on behalf of the Department of Real Estate Asset Management; and

WHEREAS, the County wishes to amend the existing contract to add Group G (North Senior Centers and Central Senior Centers) effective October 1, 2022 through December 31, 2022; and

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 September 21, 2022, BOC Item #22-.

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

This Amendment No. 1 to Form of Contract is effective as of the 1<sup>st</sup> day of October 2022, between the County and **American Facility Services, Inc.**, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Form of Contract and the Contract Documents.

1. **SCOPE OF WORK TO BE PERFORMED:** To assume janitorial responsibilities to provide all labor, materials, cleaning supplies, restroom supplies (including feminine products, soap, toilet seat covers, toilet tissue, paper towels, and other required supplies) and equipment necessary to provide the highest quality of janitorial services at this facility, to include day porter services. AFS service

also includes Wipe Down of Shared Surfaces in High Touch Areas and Increase in Frequency of Cleaning with approved Novel Coronavirus (COVID-19) Fighting Products.

Group G: (North Senior Centers) – Consists of 5 facilities (HG Darnell, North Fulton, DC Benson, Dogwood and New Horizons) with a total of 74,002 cleanable sq. ft. and (Central Senior Centers) which consist of two (2) facilities (Edgewood and Helene S. Mills) with a total of 30,093 cleanable sq. ft.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$92,073.00 (Ninety Two Thousand Seventy Three Dollar and No Cents).
3. **LIABILITY OF COUNTY:** This Amendment 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 AMENDMENT NO. 1 TO FORM OF CONTRACT:** Except as modified by this Amendment 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:

*Denval Stewart*

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

*Joseph Davis*

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

CONSULTANT:

**AMERICAN FACILITY SERVICES, INC.**

DocuSigned by:

*Kevin McCann*

Kevin McCann  
President

ATTEST:

DocuSigned by:

Secretary/  
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

DocuSigned by:

*Andrea Nugent*

Notary Public

County: Fulton

Commission Expires: 10/2/23 DocuSigned by:

(Affix Notary Seal)



ITEM#: 2022-0682	RCS: 9/21/2022	ITEM#: _____	RM: _____
RECESS MEETING		REGULAR MEETING	





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2022

**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).**

<b>PRODUCER</b> McGriff Insurance Services, Inc. 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	<b>CONTACT NAME:</b> Vera Neville <b>PHONE (A/C, No, Ext):</b> 404 497-7500 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> vneville@mcgriff.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> Amerisure Insurance Company	
<b>INSURER B :</b> Amerisure Mutual Insurance Company	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**INSURED**  
 American Facility Services, Inc.  
 1325 Union Hill Ind Court  
 Suite A  
 Alpharetta, GA 30004

## COVERAGES

**CERTIFICATE NUMBER:** LY4ESLT3

**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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP 21145910201	05/19/2022	05/19/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 21145900201	05/19/2022	05/19/2023	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			CU 21145920202	05/19/2022	05/19/2023	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
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 Y	N/A	WC 21145890201	05/19/2022	05/19/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ \$ \$ \$

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

ITB # 21ITB128258C-CG

The Certificate Holder is included as Additional Insured for General Liability, as required by written contract.

Waiver of Subrogation is in favor of the Additional Insured for the General Liability and Auto policies as required by written contract.

## CERTIFICATE HOLDER

Fulton County  
 Dept. of Purchasing and Contract Compliance  
 130 Peachtree Street, S.W.  
 Suite 1168  
 Atlanta, GA 30303

## CANCELLATION

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

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

PRODUCER McGriff Insurance Services, Inc.		INSURED American Facility Services, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	ISSUE DATE: 05/19/2022	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

CRIME  
Policy Number: 8237-5917  
Carrier: Federal Insurance Company  
Effective Dates: 05/19/2022-05/19/2023

Limits of Liability:

Employee Theft Coverage: \$250,000

Premises Coverage: \$250,000

In Transit Coverage: \$250,000

Forgery Coverage: \$250,000

Computer Fraud Coverage: \$250,000

Funds Transfer Fraud Coverage: \$250,000

Money Order and Counterfeit Currency Fraud Coverage: \$250,000

Credit Card Fraud Coverage: \$250,000

Client Coverage: \$250,000

Expense Coverage: \$25,000

Retentions: \$5,000 on all except Expense Coverage- NONE