

EXTENSION NO. 1 TO FORM OF CONTRACT

Contractor: Chris 180

Contract No. 20RFP124254B-VF Behavioral Health and Addictive Disease
Counseling

Address: 1030 Fayetteville Road

City, State Atlanta, Georgia 30316

Telephone: 770-823-2858

E-mail: Kathy.Colbenson@chris180.org

Contact: Kathy Colbenson,
President and CEO

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with Chris 180 to provide support services to behavioral health services, cognitive behavioral therapy, outpatient substances abuse treatment, intensive behavioral health and mental health services, supported housing, family counseling, group and individual counseling, and continuing services via an individualized case management plan after release from the Fulton County Jail. The professional services will be provided to assist offenders before and after release from the Fulton County Jail in support of the Substance Abuse Mental Health Services Administration (SAMHSA Grant) dated August 19, 2020.

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional five (6) months period effective October 1, 2022 -March 30, 2023.

WHEREAS, the Purchasing Agent is authorized to extend this contract up to 90 days pursuant to Purchasing Code Section 102-364(e) and the information shall be forwarded to the Board of Commissioners for purposes of spreading the same on the minutes.

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

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

WHEREAS, this Extension was approved by the Fulton County Board of Commissioners on November 2, 2022 BOC# 22-0811.

This Extension No. 1 to Form of Contract is effective as of the 1st day of October, 2022 between the County and Chris 180, who agree that all Services specified will be performed by in accordance with this Extension No. 1 to Form of Contract and the Contract Documents for an additional six (6) months.

1. **SCOPE OF WORK TO BE PERFORMED:** The scope of work remains unchanged, the contract term is extended for an additional six-month period effective October 1-2022 through March 30, 2023
2. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed \$ 58,214.26 approved by BOC.
3. **LIABILITY OF COUNTY:** This Extension 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 EXTENSION NO. 1 TO FORM OF CONTRACT:** Except as modified by this Extension 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:

David Lowman

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Patrick "Pat" Labat

Patrick "Pat" Labat, Sheriff
Fulton County Sheriff's Office

CONSULTANT:

CHRIS 180

Kathy Colberson

Kathy Colberson
President and CEO

ATTEST:

Intanette Maddipati

Secretary/
Assistant Secretary

(Affix Corporate Seal)



ATTEST:

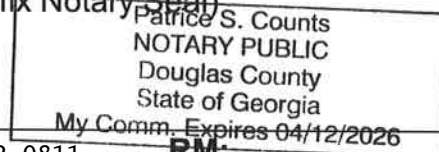
Patrice S. Counts

Notary Public

County: Douglas

Commission Expires: 4/12/2026

(Affix Notary Seal)



ITEM#: _____	RCS: _____	ITEM#: 2022-0811	RM: _____
RECESS MEETING		REGULAR MEETING	11/2/2022



Fulton County

Legislation Details

File #: 22-0811 **Version:** 1 **Name:**
Type: Consent - Justice and Safety **Status:** Agenda Ready
File created: 9/30/2022 **In control:** Board of Commissioners
On agenda: 11/2/2022 **Final action:**
Title: Request approval to extend an existing contract - Sheriff's Office, 20RFP124254B-VF, Behavioral Health and Addictive Disease Counseling in an amount not to exceed \$58,214.26, with Chris 180, Inc. (Atlanta, Ga) to provide behavioral health and addictive disease counseling to inmates at the Fulton County jail for the Substance Abuse Mental Health Services Administration (SAMHSA Grant) for an additional six month period. This contract is 100% grant funded. No County funding is required. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

Sponsors:
Indexes:
Code sections:

Attachments: 1. CPR Chris 180 Extension 2022-23, 2. Chris 180 Extension Agreement 2022-23

Date	Ver.	Action By	Action	Result
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2021

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 Sterling Seacrest Pritchard, Inc. 950 East Paces Ferry Rd NE Ste 2000 Atlanta GA 30326	CONTACT NAME: Mari Fridenmaker PHONE (A/C, No, Ext): 404-949-1081 FAX (A/C, No): 404-261-5440 E-MAIL ADDRESS: mfridenmaker@sspins.com														
INSURED CHRIS 180, Inc. 1030 Fayetteville Rd. Atlanta GA 30316	<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 : North American Elite Insurance Company</td> <td style="text-align: center;">29700</td> </tr> <tr> <td>INSURER B : Health Care Mutual Captive</td> <td style="text-align: center;">11091</td> </tr> <tr> <td>INSURER C : Alliance of Nonprofits for Insurance, Risk Retenti</td> <td style="text-align: center;">10023</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 : North American Elite Insurance Company	29700	INSURER B : Health Care Mutual Captive	11091	INSURER C : Alliance of Nonprofits for Insurance, Risk Retenti	10023	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:** 310756493**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			202161317	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits AG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			202161317	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Liability Deductible \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			202161317UMB	11/1/2021	11/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	000901-20	1/1/2021	1/1/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Social Service Prof Liability			202161317	11/1/2021	11/1/2022	Per Claim \$1,000,000
A	Social Service Prof Liability			202161317	11/1/2021	11/1/2022	Aggregate \$3,000,000

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

Other Liability Coverages:
 Foster Parent Professional Liability - Policy# 99A3GL1000405-00 - 11/1/2021-11/1/2022 - Aggregate Limit: \$300,000
 Directors & Officers Liability - Policy# 202061317DO - 11/1/2021-11/1/2022 - Aggregate Limit: \$2,000,000

Umbrella policy is excess of General Liability, Automobile Liability, Social Service Professional Liability, Improper Sexual Conduct and Physical Abuse, Directors' & Officers', Employers Liability and Employee Benefits Liability subject to terms and provisions within policy.

CERTIFICATE HOLDER**CANCELLATION**

DFCS/OPM/RBWO
 2 Peachtree Street NW 18th floor
 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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Fulton County

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