

EXTENSION NO. 2 TO FORM OF CONTRACT

Contractor: Piccadilly Holdings, LLC

Contract No. 19RFP117031A-FB-Food Services Management

Address: 13702 Coursey Blvd., Suite 7B
City, State Baton Rouge, LA 70817

Telephone: 225-296-8338

E-mail: kbrown@piccadilly.com

Contact: Keith L. Brown
Vice President-Operation/Food Services

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with Piccadilly Holdings, LLC to provide food service management and purchasing of perishable and non-perishable food items for the four senior multipurpose facilities and three training centers, dated August 7, 2019, on behalf of the Department of Senior Services and Department of Behavioral Health; and

WHEREAS, Extension No. 1 extended the subject contract, with all terms and conditions unchanged, for an additional 90 Day period from January 1, 2023 through March 31, 2023; and

WHEREAS, the County wishes to extend the subject contract, with all terms and conditions unchanged, for an additional 90 Day period from April 1, 2023 to June 30, 2023; and

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

WHEREAS, this Extension No. 2 was approved by the Fulton County Board of Commissioners on March 15, 2023, BOC Item # 23-0202.

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

This Extension No. 2 to Form of Contract is effective as of the 1st day of April 2023, between the County and Piccadilly Holdings, LLC, who agree that all Services specified will be performed by in accordance with this Extension No. 2 to Form of Contract and the Contract Documents for an additional 90 Day period, with the contract ending as of the 30th day of June 2023.

1. **COMPENSATION:** The services herein shall be performed by Contractor for a total amount not to exceed \$247,733.25.
3. **LIABILITY OF COUNTY:** This Extension 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 EXTENSION NO. 1 TO FORM OF CONTRACT:** Except as modified by this Extension 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

CONSULTANT:

PICCADILLY HOLDINGS, LLC

DocuSigned by:

Keith Brown

Keith L. Brown
Vice President-Operations/Food
Services

ATTEST:

DocuSigned by:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

ATTEST:

Secretary/
Assistant Secretary

(Affix Corporate Seal)

APPROVED AS TO FORM:

DocuSigned by:

Patrick O'Connor

Office of the County Attorney

ATTEST:

Notary Public

APPROVED AS TO CONTENT:

DocuSigned by:

Ladisa Onyiliogwu

Ladisa Onyiliogwu, Director
Department of Senior Services

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: ²⁰²³⁻⁰²⁰² _____ RM: ^{3/15/2023} _____
RECESS MEETING	REGULAR MEETING

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City, State Baton Rouge, LA 70817

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FULTON COUNTY, GEORGIA

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier
Clerk to the Commission

(Affix County Seal)

APPROVED AS TO FORM:

Office of the County Attorney

APPROVED AS TO CONTENT:

Ladisa Onyiliogwu, Director
Department of Senior Services

CONSULTANT:

PICCADILLY HOLDINGS, LLC

DocuSigned by:
Keith Brown
BFD1A8FBD1A5497...

Keith L. Brown
Vice President-Operations/Food
Services

ATTEST:

Mimi Lambert
Secretary/
Assistant Secretary

(Affix Corporate Seal)

ATTEST:

Notary Public

County: _____ Sharon M Taylor, NOTARY
E Baton Rouge Parish, LA
LA Notary ID # 10407

Commission Expires: _____ Lifetime Commission

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
REGULAR MEETING



PICCHOL-01

JMCELGUNN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2023

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 360 Risk Management, Inc. 21500 Haggerty Rd Suite 140 Northville, MI 48167	CONTACT NAME: PHONE (A/C, No, Ext): (248) 360-4100 FAX (A/C, No): (248) 305-5154 E-MAIL ADDRESS: certs@360rmi.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : AmGuard Insurance Company	
INSURER B : Travelers Property Casualty Company of America	
INSURER C : NorGUARD Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Piccadilly Holdings, LLC
13702 Coursey Blvd.
Ste. 7B
Baton Rouge, LA 70817

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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PIBP477818	1/20/2023	1/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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 type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PIAU477932	1/20/2023	1/20/2024	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP8S81830623NF	1/20/2023	1/20/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PIWC463962	1/20/2023	1/20/2024	<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)
 Contract Documents for 19RFP117031A-FB for Food Service Management for the Department of Senior Services and Behavioral Health. Fulton County Government is listed as additional insured when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Fulton County Government
141 Pryor St
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