

AMENDMENT NO. 5 TO FORM OF CONTRACT

Contractor: **Open Hand Atlanta**

Contract No. **17RFP109210A-FB – Comprehensive Nutrition Care**

Address: **181 Armour Drive, NE**

City, State **Atlanta, GA 30324**

Telephone: **404-419-**

E-mail: **mpieper@projectopenhand.org**

Contact: **Matthew Pieper**
Executive Director

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Open Hand Atlanta** to provide/perform **Comprehensive Nutrition Care**, dated December 6, 2017, on behalf of the Department of Senior Services; and

WHEREAS, this contract was amended (Amendment No. 1) to implement Comprehensive Nutrition Care and approved by on June 6, 2018, BOC item 18-0376; and

WHEREAS, this contract was amended (Amendment No. 2) to implement Comprehensive Nutrition Care and approved by on June 5, 2019, BOC item 19-0440; and

WHEREAS, this contract was amended (Amendment No. 3) to implement Comprehensive Nutrition Care and approved by on May 6, 2020, BOC item 20-0338; and

WHEREAS, this contract was amended (Amendment No. 4) to implement Comprehensive Nutrition Care and approved by on June 17, 2020, BOC item 20-0421; and

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

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

This Amendment No. 5 to Form of Contract between Fulton County and Open Hand Atlanta, who agree that all services specified will be performed in accordance with this Amendment No. 5 to Form of Contract and the Contract Documents effective upon approval.

1. **SCOPE OF WORK TO BE PERFORMED:** No change in scope of work
2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed **\$672,355.16**
3. **LIABILITY OF COUNTY:** This Amendment No. 5 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. 5 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 5 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

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
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

Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

Ladisa Onyilioogu

Ladisa Onyilioogu, Director
Department of Senior Services

CONSULTANT:

OPEN HAND ATLANTA

DocuSigned by:

Matt Pieper

Matt Pieper
Executive Director

ATTEST:

DocuSigned by:

Matt Pieper

Secretary/
Assistant Secretary

(Affix County Seal)

ATTEST:

06/11/2021

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____	RCS: _____	ITEM#: 2021-0408	RM: 6/2/2021
RECESS MEETING		REGULAR MEETING	

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 Government

FULTON COUNTY, GEORGIA

DocuSigned by:

Robert L. Pitts

14E1B4AA5F0A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Please select Attest or Notary from checkbox

☒ Attest

ATTEST:

DocuSigned by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Interim Clerk to the Commissioners

(Affix County Seal)



APPROVED AS TO FORM:

DocuSigned by:

Shirley Powell

489BEC7310AB448...

Full Name Executive Director

Notary

ATTEST:

Shirley Powell

Secretary/
Assistant Secretary

(Affix Corporate Seal)

DocuSigned by:



ATTEST:

Office of the County Attorney

APPROVED AS TO CONTENT:

Notary Public

County: _____

DocuSigned by:

Ladisa Anyilionu

163AE4C82BAE41B...

Full Name Director

Department Name

Commission Expires: _____

(Affix Notary Seal)

Please select RCS or RM from the checkbox

RCS

☒ RM

ITEM#: _____ RCS: _____	ITEM#: 2021-0408 RM: 6/2/2021
RECESS MEETING	REGULAR MEETING



ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/10/2020

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 200 Brookstone Centre Pkwy Suite 118 Columbus, GA 31904	CONTACT NAME: Rebecca Hightower PHONE (A/C, No, Ext): 706-596-4660 FAX (A/C, No): 706-576-5607 E-MAIL ADDRESS: rebecca.hightower@MarshMMA.com														
INSURED Open Hand Atlanta, Inc. 181 Armour Drive NE Atlanta, GA 30324	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : GuideOne America Insurance Company</td> <td>42331</td> </tr> <tr> <td>INSURER B : GuideOne Mutual Insurance Company</td> <td>15032</td> </tr> <tr> <td>INSURER C : Berkshire Hathaway Homestate Ins Co</td> <td>20044</td> </tr> <tr> <td>INSURER D : Travelers Casualty and Surety Company</td> <td>19038</td> </tr> <tr> <td>INSURER E : National Union Fire Ins Co of Pittsburg</td> <td>19445</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GuideOne America Insurance Company	42331	INSURER B : GuideOne Mutual Insurance Company	15032	INSURER C : Berkshire Hathaway Homestate Ins Co	20044	INSURER D : Travelers Casualty and Surety Company	19038	INSURER E : National Union Fire Ins Co of Pittsburg	19445	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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP010012130	09/30/2020	09/30/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	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			BAP010012131	09/30/2020	09/30/2021	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 EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$2500			UMB010012132	09/30/2020	09/30/2021	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	OPWC006555	09/30/2020	09/30/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$500,000 E.I. DISEASE - EA EMPLOYEE \$500,000 E.I. DISEASE - POLICY LIMIT \$500,000
D	Cyber Liability			105497591	09/30/2020	09/30/2021	\$1,000,000
D	Employee Theft			105497591	09/30/2020	09/30/2021	\$500,000
E	Accident Coverage			SRG0009120729C	09/30/2020	09/30/2021	\$10,000/\$250,000

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

FOR GENERAL USE

CERTIFICATE HOLDER**CANCELLATION**

Information Purposes Only

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

PETER J. KRAUSE