SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016 WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to amend the award with the contractors listed below to redistribute funds to UF Board of Trustees in the amount of $81,862.00 for the period ending February 28, 2017. Total revised estimated expenditure in the amount of $5,357,091.00 for a not to exceed expenditure amount of $10,693,912.00.

Gateway Community Services - decrease by $5,547.00, not to exceed $308,651.00
Lutheran Social Services - decrease by $56,827.00, not to exceed $1,339,394.00
River Region Human Services - decrease by $19,488.00, not to exceed $409,051.00
UF Board of Trustees - Increase by $81,862.00, not to exceed $3,030,924.00

Funding remains unchanged for:
AIDS Healthcare Foundation - Increase by $315,175.00, not to exceed $1,242,686.00
Community Rehabilitation Center - Increase by $64,011.00, not to exceed $291,888.00
Duval County Health Department - Increase by $501,395.00, not to exceed $2,121,604.00
Jacksonville Area Legal Aid - Increase by $85,349.00, not to exceed $342,858.00
Northeast Florida AIDS Network - Increase by $402,331.00, not to exceed $1,606,856.00

Funding Source: RPBH1ZF6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Awards

ANALYST: _____ ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

SOCIAL SERVICES DIVISION

February 2, 2017

MEMORANDUM

TO: Greg Pease, Chief
Procurement Division

FROM: Johnnetta Moore, Chief
Social Services Division

RE: Request to Redistribute Funds

On January 23, 2017, the Metropolitan Jacksonville Area HIV Health Services Priority and Allocation Committee voted to redistribute $81,862.00 in unspent funds to best meet the needs of Ryan White Part A clients. That motion was presented to and approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council on January 26, 2017. On behalf of the Planning Council, the Social Services Division is requesting that you approve amendments to contracts under Bid #ESC-0325-15 to redistribute funds as follows:

Gateway Community Services Contract # 9479-43 decrease by ($5,547.00)
Lutheran Social Services Contract # 9646-21 decrease by ($56,827.00)
River Region Human Services Contract # 9442-47 decrease by ($19,488.00)
UF Board of Trustees Contract # 9367-19 increase by $81,862.00

The total amount of grant funds is not being amended, only the distribution of current funds. Copies of the Contract Amendments are attached. The funding account is RPBH1ZF6GA RCB009-16 08201. Please note that this is a time sensitive request as the Grant Period ends February 28, 2017.

If you have any questions regarding this request, please do not hesitate to contact me at 630-4720 or Sandy Arts, Program Manager, at 630-3957.

Cc: Annette Leslie-Burney, Purchasing Analyst
Sandy Arts, Program Manager

Service Category	Remaining Balance	Agency/Provider	Formula	Supplemental	MAI	Projected Balance Formula	Projected Balance Supplemental	Projected Balance MAI
Child Care	$ 3,760.00	UF CARES Rainbow Center	$ 3,760.00	$ -		$ 3,760.00	$ -	
Emergency Assistance	$ 17,257.06	AIDS Health Care Foundation, Inc.	$ -	$ -		$ -	$ -	
		DOH	$ 17,257.06	$ -	$ -	$ -	$ -	$ -
Food	$ 58,631.00	Lutheran Social Services	$ 58,631.00	$ -		$ -	$ -	
		NFAN	$ -	$ -		$ -	$ -	
Health Insurance	$ 248,110.35	NFAN	$ 132,481.61	$ 115,628.74		$ 55,000.00		
Home Health	$ 5,000.00	Lutheran Social Services	$ 5,000.00	$ -		$ 4,935.00		
Legal Services	$ 65,259.55	Jacksonville Area Legal Aid	$ 65,259.55	$ -		$ -	$ -	
Medical Case Management	$ 412,799.11	AIDS Health Care Foundation, Inc.	$ 31,300.00			$ (9,200.00)		
		Community Rehabilitation Center	$ 21,096.78	$ 3,875.43		$ -	$ -	
		Lutheran Social Services	$ 172,222.63	$ 619.09		$ 73,172.25		
		UF CARES Rainbow Center	$ 50,647.00	$ 35,224.00	$ 46,654.00	$ 50,371.00		$ 31,354.00
		NFAN	$ 51,160.18			$ -		
Medical Nutrition Therapy	$ 26,590.00	Lutheran Social Services	$ 1,474.00	$ -		$ -		
		UF CARES Rainbow Center	$ 25,116.00	$ -		$ 18,330.00		
Medical Transportation	$ 1,641.00	AIDS Health Care Foundation, Inc.	$ 651.00	$ -		$ (500.00)		
		Lutheran Social Services	$ -	$ -		$ -		
		NFAN	$ -	$ -		$ -		
		River Region	$ 990.00	$ -		$ -		
Mental Health	$ 58,369.31	Community Rehabilitation Center	$ 5,994.00	$ -		$ -		
		Lutheran Social Services	$ (1,143.40)	$ -	$ 15,073.40	$ -		
		River Region	$ 23,500.15	$ -		$ 17,586.87	$ 29,518.40	
		UF CARES Rainbow Center	$ 14,945.16	$ -		$ 14,445.00		
							$ 32,031.87	
Non Medical Case Management	$ 34,400.00	UF CARES Rainbow Center	$ 34,400.00	$ -		$ 14,445.00		
Oral Health	$ 240,718.76	DOH	$ 240,718.76	$ -	$ -	$ 60,082.00		
Outpatient Medical Care	$ 212,467.84	AIDS Health Care Foundation, Inc.	$ 81,030.95	$ 17,826.33		$ (3,328.00)		
		UF CARES Rainbow Center	$ 72,553.37	$ -	$ 41,057.19	$ (34,417.00)		$ 27,324.00
Outreach	$ 35,353.00	Lutheran Social Services	$ 28,486.00	$ -		$ 14,000.00		
		NFAN	$ 6,867.00	$ -		$ -		
Pharmaceutical Assistance	$ 170,885.75	AIDS Health Care Foundation, Inc.	$ 56,046.96	$ 54,970.70		$ (52,523.00)		
		DOH	$ 46,732.00	$ 13,136.09	$ -	$ -	$ -	
Substance Abuse - Outpatient	$ 7,159.54	Gateway	$ 6,164.84	$ -		$ 984.50		
		River Region	$ 994.70	$ -		$ -		
Substance Abuse - Residential	$ 130,259.00	Gateway	$ 57,005.00	$ -		$ 4,563.00		
		River Region	$ 73,254.00	$ -		$ 19,488.00		
Transitional Housing	$ 41,173.00	Lutheran Social Services	$ 41,173.00	$ -		$ 37,892.75		
Transportation	$ 695.00	Community Rehabilitation Center	$ 695.00	$ -		$ -		
TOTAL	$ 1,770,529.27		$ 1,426,464.30	$ 241,280.38	$ 102,784.59	$ 289,087.37	$ 61,550.27	$ 58,678.00

UF CARES Rainbow Center	Decrease Child Care	$ (3,760.00)		
	Increase Outpatient Medical Care	$ 3,760.00		
AIDS Health Care Foundation, Inc.	**No Action Taken**	$ -		
Community Rehabilitation Center	**No Action Taken**	$ -		
DOH	Decrease Oral Health	$ (60,082.00)		
	Increase Pharmaceutical Assistance	$ 60,082.00		
Gateway	Decrease Substance Abuse - Outpatient	$ (984.00)		
	Decrease Substance Abuse - Residential	$ (4,563.00)		
	Total - Move to UF CARES Outpatient Medical Care	$ (5,547.00)	$ 5,547.00	
Lutheran Social Services	Decrease Transitional Housing	$ (37,892.00)		
	Decrease Home Health	$ (4,935.00)		
	Decrease Outreach	$ (14,000.00)		
	Total - Move to UF CARES Outpatient Medical Care	$ (56,827.00)	$ 56,827.00	
NFAN	Decrease Health Insurance	$ (20,000.00)		
	Increase Medical Transportation	$ 20,000.00		
River Region	Decrease Substance Abuse - Residential	$ (19,488.00)		
	Total - Move to UF CARES Outpatient Medical Care		$ 19,488.00	
		$ (144,236.00)	$ 81,862.00	$ (62,374.00)

Ryan White

Metropolitan Jacksonville Area HIV Health Services
PLANNING COUNCIL

PRIORITY and ALLOCATIONS COMMITTEE

Ryan White Part A and B Programs
1809 Art Museum Drive, Suite 100 • Jacksonville, FL 32207

Thursday, January 23, 2017
Summary of Meeting

Committee Members Present: Kendall Guthrie (*Chair*), Dana Barnes, Justin Bell, Michael Bennett, Sandra Ellis, Erakal Goodman, Heather Kilpatrick, Jerry Murray, Verlon Murray, Aleida Nelson Beth Parker, Torrencia Shiloh, and Heather Vaughan

Support Staff Present: Sandy Arts and Sandra Sikes

CALL TO ORDER

The meeting was called to order at 12:40 p.m. by Chair Kendall Guthrie. After observing a moment of silence, members and guests introduced themselves.

STATUS OF MAI AND FY2015 CARRYOVER FUNDING

Committee members reviewed the January 12 minutes and a spreadsheet showing the remaining balance in each category and how the funds are broken down by Supplemental, MAI, and Formula. Kendall reminded the group that MAI funds should be spent before March 1. Any monies carried over from last year cannot be carried over a second time.

REVIEW MAI AND FY2016 FUNDING

- Spending projections by category: Committee reviewed each service category that is currently funded. Agencies last week submitted their projected spending through February 28; some projections were over, and some under their funding level.

- **Motion** made by Heather Vaughan, seconded by Jerry Murray, **to recommend the Planning Council direct the agencies to spend their MAI funds first**. Following discussion, the motion was voted on and passed.

- **Second motion** made by Heather Vaughan, seconded by Sandra Ellis, **to recommend the Planning Council reallocate $20,000 from Health Insurance Premium to Medical Transportation.** Following discussion, the motion was voted on and passed.

- **Third motion** made by Justin Bell, seconded by Verlon Murray, **to recommend the Planning Council reallocate $60,082 from Oral Health to Pharmaceutical Assistance**. Following discussion, the motion was voted on and passed.

- **Fourth motion** made by Heather Kilpatrick, seconded by Justin Bell, **to recommend the Planning Council reallocate $3,760 from Child Care, $4,935 from Home Health, $37,892 from Transitional Housing, $24,051 from S/A Residential, $14,000 from Outreach, $29,160 from Mental Health, and $984 from S/A Outpatient, and move those funds to Outpatient Medical Care**. Following discussion, the motion was voted on and passed.

- **Fifth motion** made by Heather Vaughan, seconded by Dana Barnes, **to recommend the Planning Council authorize the lead agency to adjust the negative balances for the agencies that are expected to be over-spent with the agencies that are expected to be under-spent within the service category of medical case management**. Following discussion, the motion was voted on and passed.

Committee Member	1st Motion	2nd Motion	3rd Motion	4th Motion	5th Motion
Dana Barnes	Yea	Yea	Yea	Yea	Yea
Michael Bennett	Yea	Yea	Yea	Yea	Yea
Sandra Ellis (*FDOH*)	Yea	Yea	Abstain	Yea	Yea
Erakal Goodman	(unavailable to vote)	Yea	Yea	Yea	Yea
Kendall Guthrie	Yea	Yea	Yea	Abstain	Abstain
Heather Kilpatrick	Yea	Yea	Yea	Yea	Yea
Jerry Murray	Yea	Yea	Yea	Yea	Yea
Verlon Murray	Yea	Yea	Yea	Yea	Yea
Aleida Nelson	Yea	Yea	Yea	Yea	Yea
Beth Parker	Yea	Yea	Yea	Yea	Yea
Heather Vaughan (*LSS*)	Yea	Yea	Yea	Yea	Yea

WRAP-UP

- There were no public comments.
- There were no announcements.
- This meeting was adjourned at 2:10 p.m.

COMMITTEE RECOMMENDATION TO THE PLANNING COUNCIL:
The five motions listed above.

REQUEST FOR LEGAL SERVICES

TO: **The Office of General Counsel**
117 West Duval Street, Suite 480, Jacksonville, FL 32202

Telephone 904-630-1700
Fax 904-630-1731

FROM:
NAME: Sandy Arts/Johnnetta Moore
TITLE: Program Manager/Chief
DEPARTMENT: Parks, Recreation and Community Services
DIVISION: Social Services Division/Ryan White Part A Program

A. **The Office of General Counsel is requested to provide legal assistance as detailed in this request and supporting documents. Give brief description:**

Please process full execution of University of Florida Board of Trustees Contract 9367-19 Amendment 3 to increase FY2016 grant dollars by $81,862.00 for a total not to exceed $1,410,968.00 total Ryan White Part A funds.

(CONTINUE DESCRIPTION ON SECOND PAGE)

Project No: _____ **Vendor Name:** University of Florida Boarc **Solicitation No:** _____
Contract No.: 9367-19 **Amount:** $ $1,410,968 **Tracking No:** _____

B. **Is a specific attorney already involved? Yes ■ No** **Name:** James McCain

Check if this requires Risk Management ☐

C **Date submitted:** February 1, 2017 **Completion is requested by (date):** February 14, 2017

D **For more information or discussion contact:**
Name: Sandy Arts
Title: Program Manager
Telephone: 630-3957 **E-mail:** sarts@coj.net

E. **Bill to agency (name, address):** Social Services Division/Ryan White Part A Program
Bill to account number (index code) RPBH1F6GA/RCB009 16/04205

F. **Department Approval (name and title)** _____

(For use by Office of General Counsel only)

CLIENT ID: _____ **MATTER NO:** _____

CLIENT: _____

WORK DESCRIPTION: _____

CATEGORY CODE: _____

Primary Atty: _____
Secondary Atty: _____
Dept. Head: _____

OGC REC'D: _____ **DATE OPENED:** _____

AMENDMENT 3
to the AGREEMENT between
City of Jacksonville
And
University of Florida Board of Trustees

FUNDING AND METHOD OF PAYMENT

This Amendment is made and entered into this _____ day of _____, 2017, by and between the **City of Jacksonville**, a municipal corporation in the State of Florida, hereinafter referred to as the "CITY," and **University of Florida Board of Trustees** for the benefit of the Department of Pediatrics, College of Medicine, Jacksonville, University of Florida, principal office located at 219 Grinder Hall, Gainesville, FL 32611, hereinafter referred to as "PROVIDER."

In response to action taken by the Administrative Agency, PROVIDER's Agreement has been:

__X__ increased by $ __81,862_____ in FY 2016 grant dollars
_____ decreased by $ _____in FY 2016 grant dollars

As a result of this Amendment, Ryan White funds shall not exceed a total of $1,410,968. Services to be provided are outpatient medical care (Part A $404,774 and MAI $163,971), non-medical case management (Part A $141,250), medical case management (Part A $389,371 and MAI $184,054), mental health (Part A $28,804), medical nutrition therapy (Part A $95,004), and child care (Part A $3,740).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2016 to February 28, 2017.

All other conditions remain unchanged.

By signatures below, both CITY and PROVIDER have agreed to the terms and conditions of this Amendment to be attached and made a part of this Agreement.

IN WITNESS HEREOF, the parties hereto have set their hands and affixed their seals.

ATTEST:

By: _____
James R. McCain, Jr.
Corporation Secretary

City of Jacksonville

By: _____
Lenny Curry, Mayor

WITNESS:

By: _____
Type/Print Name: _____
Title: _____

University of Florida Board of Trustees

By: _____
Tina M. Bottini, Assistant Dean
Research Programs & Services
University of Florida

RPBH1F6GA RCB009-16 08201

In compliance with the Charter of the City of Jacksonville, I do certify that there is an unexpended, unencumbered and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of monies provided therein to be paid.

Form Approved:

Office of General Counsel	Director of Administration and Finance Contract No. 9367-19 CTRP16000040-01

CITY OF JACKSONVILLE
ACCOUNTING DIVISION
CONTRACT ENCUMBRANCE DATA SHEET
FISCAL YEAR: 2016

Vendor Name:	Tax ID Number:	Vendor's e-mail address
University of Florida Board of Trustees.	59-6002052-60	kendall.guthrie@jax.ufl.edu

New Vendors or changes in vendor information (i.e. address) W-9 is required.
W-9 attached? YES ____ NO X

Department / Division: Parks, Recreation & Community Services Department, Social Services Division/Ryan White Program

Department Contact Person for Contract: Sandy Arts

Department Contact phone #: 630-3957 Contact e-mail: sarts@coj.net

Contract to be Paid by (method):
☐ Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request ☒ No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Increase University of Florida Board of Trustees account by **$81,862.00**

Account Code Information: (for multiple accounts - use additional sheet if necessary)

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	**$81,862**	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-16		

Unit Price Supply Contract/(PO)? Yes / **No** Multi-Year Contract? **Yes** / No (if yes see below)

Grant Funding: Does the funding for the encumbrance cross our fiscal years? **YES** / NO
If Yes, current F/Y encumbrance $ Encumbrance next F/Y $ UNK

NOTE: If grant funds cross fiscal years, no other authorization or signing is needed for the next year's encumbrance.

If Multi-Year Contract, please break down funding below. Any adjustments (i.e. CPI) in future periods? Yes____ No X

Period	Fiscal Year	Index	Subobject	Project #	Detail	Grant #	Grant Detail	Dollar Amount
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								
							Total	

For Multi-Year Contracts, the Budget Division confirms that funds are anticipated to be budgeted and made available from the appropriate account to encumber the amounts listed above for each fiscal year for the referenced contract.

Print: _____
(Budget Officer or Designee)

Sign: _____ Date: _____
(Budget Officer or Designee)

NOTE: Attach original contract encumbrance data sheet to the legal request and send a copy to the Accounting Division

REQUEST FOR LEGAL SERVICES

TO: **The Office of General Counsel**
117 West Duval Street, Suite 480, Jacksonville, FL 32202

Telephone 904-630-1700
Fax 904-630-1731

FROM:
NAME: Sandy Arts/Johnnetta Moore
TITLE: Program Manager/Chief
DEPARTMENT: Parks, Recreation and Community Services
DIVISION: Social Services Division/Ryan White Part A Program

A. **The Office of General Counsel is requested to provide legal assistance as detailed in this request and supporting documents. Give brief description:**

Please process full execution of River Region Human Services, Inc. Contract 9442-47 Amendment 2 to decrease FY2016 grant dollars by $19,488.00 for a total not to exceed $167,851 total Ryan White Part A funds.

(CONTINUE DESCRIPTION ON SECOND PAGE)

Project No: _____ **Vendor Name:** River Region Human Serv **Solicitation No:** _____
Contract No.: 9442-47 **Amount:** $ $167,851.00 **Tracking No:** _____

B. **Is a specific attorney already involved? Yes** ■ **No** ☐ **Name:** James McCain

Check if this requires Risk Management ☐

C **Date submitted:** February 1, 2017 **Completion is requested by (date):** February 14, 2017

D **For more information or discussion contact:**
Name: Sandy Arts
Title: Program Manager
Telephone: 630-3957 **E-mail:** sarts@coj.net

E. **Bill to agency (name, address):** Social Services Division/Ryan White Part A Program
Bill to account number (index code) RPBH1F6GA/RCB009 16/04205

F. **Department Approval (name and title)** _____

(For use by Office of General Counsel only)

CLIENT ID: _____ **MATTER NO:** _____

CLIENT: _____

WORK DESCRIPTION: _____

CATEGORY CODE: _____

Primary Atty: _____
Secondary Atty: _____
Dept. Head: _____

OGC REC'D: _____ **DATE OPENED:** _____

AMENDMENT 2
to the AGREEMENT between
City of Jacksonville
And
River Region Human Services, Inc.

FUNDING AND METHOD OF PAYMENT

This Amendment is made and entered into this _____ day of _____, 2017, by and between the **City of Jacksonville**, a municipal corporation in the State of Florida, hereinafter referred to as the "CITY," and **River Region Human Services, Inc,** a nonprofit corporation with principal office located at 2055 Reyko Road, Jacksonville, FL 32207, hereinafter referred to as "PROVIDER."

In response to action taken by the Administrative Agency, PROVIDER's Agreement has been:

_____ increased by $ _____ in FY 2016 grant dollars
__X___ decreased by $ _19,488_in FY 2016 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $167,851 ($36,628 for mental health, $4,679 for substance abuse – outpatient services, $124,584 for substance abuse – residential services, and $1,960 for medical transportation).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2016 to February 28, 2017.

All other conditions remain unchanged.

By signatures below, both CITY and PROVIDER have agreed to the terms and conditions of this Amendment to be attached and made a part of this Agreement.

IN WITNESS HEREOF, the parties hereto have set their hands and affixed their seals.

ATTEST:

By: _____
James R. McCain, Jr.
Corporation Secretary

City of Jacksonville

By: _____
Lenny Curry, Mayor

WITNESS:

By: _____
Type/Print Name: _____
Title: _____

River Region Human Services, Inc.

By: _____
Dr. Tiffany G. Green, CEO

In compliance with the Charter of the City of Jacksonville, I do certify that there is an unexpended, unencumbered and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of monies provided therein to be paid.

Form Approved:

Office of General Counsel	Director of Administration and Finance Contract No. 9442-47 CTRP16000033-01

RPBH1F6GA RCB009-16 08201

CITY OF JACKSONVILLE
ACCOUNTING DIVISION
CONTRACT ENCUMBRANCE DATA SHEET
FISCAL YEAR: 2016-2017

River Region Human Services, Inc. — Vendor Name
59-1952727 — Tax ID Number
Tiffany.Green@rrhs.org — Vendor's Email Address

New Vendors or changes in vendor information (i.e. address) W-9 is required.
W-9 attached? YES _____ NO __X___

Department/Division: Parks, Recreation & Community Services/Social Services Division

Department Contact Person for Contract: Sandy Arts, Program Manager

Department Contact Phone # (904) 630-3957 Contact e-mail: sarts@coj.net

Contract to be Paid by (Method):
X Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request ☐ No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Amended contract by **decreasing** the amount of **($19,488).**

Account Code Information: (for multiple accounts – use additional sheet if necessary)

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	**($19,488.00)**		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-16		

Unit Price Supply Contract/(PO)? No Multi-Year Contract? No (if yes, see below)

Grant Funding: Does the funding for the encumbrance cross our fiscal years? YES/NO
If yes, current FY encumbrance $ _____ Encumbrance next FY $ _____
NOTE: If grant funds cross fiscal years, no other authorization or signing is needed for the next year's encumbrance.
If Multi-Year Contract, please break down funding below. Any adjustments (i.e. CPI) in future periods? Yes _____ No _____

Period	Fiscal Year	Index	Subobject	Project #	Detail	Grant #	Grant Detail	Dollar Amount
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								

Total _____

For Multi-Year Contracts, the Budget Division confirms that funds are anticipated to be budgeted and made available from the appropriate account to encumber the amounts listed above for each fiscal year for the referenced contract.

Print: _____
(Budget Officer or Designee)

Sign: _____ Date: _____
(Budget Officer or Designee)

NOTE: Attach original contract encumbrance data sheet to the legal request and send a copy to the Accounting Division.

REQUEST FOR LEGAL SERVICES

TO: **The Office of General Counsel**
117 West Duval Street, Suite 480, Jacksonville, FL 32202

Telephone 904-630-1700
Fax 904-630-1731

FROM:
NAME: Sandy Arts/Johnnetta Moore
TITLE: Program Manager/Chief
DEPARTMENT: Parks, Recreation and Community Services
DIVISION: Social Services Division/Ryan White Part A Program

A. **The Office of General Counsel is requested to provide legal assistance as detailed in this request and supporting documents. Give brief description:**

Please process full execution of Lutheran Social Services of Northeast Florida, Inc. Contract 9646-21 Amendment 3 to decrease FY2016 grant dollars by $56,827.00 for a total not to exceed $740,057 total Ryan White Part A funds.

(CONTINUE DESCRIPTION ON SECOND PAGE)

Project No: _____ **Vendor Name:** Lutheran Social Services (**Solicitation No:** _____
Contract No.: 9646-21 **Amount:** $ $740,057.00 **Tracking No:** _____

B. **Is a specific attorney already involved? Yes ■ No** **Name:** James McCain

Check if this requires Risk Management ☐

C **Date submitted:** February 1, 2017 **Completion is requested by (date):** February 14, 2017

D **For more information or discussion contact:**
Name: Sandy Arts
Title: Program Manager
Telephone: 630-3957 **E-mail:** sarts@coj.net

E. **Bill to agency (name, address):** Social Services Division/Ryan White Part A Program
Bill to account number (index code) RPBH1F6GA/RCB009 16/04205

F. **Department Approval (name and title)** _____

(For use by Office of General Counsel only)

CLIENT ID: _____ **MATTER NO:** _____

CLIENT: _____

WORK DESCRIPTION: _____

CATEGORY CODE: _____

Primary Atty: _____
Secondary Atty: _____
Dept. Head: _____

OGC REC'D: _____ **DATE OPENED:** _____

AMENDMENT 3
to the AGREEMENT between
City of Jacksonville
And
Lutheran Social Services of Northeast Florida, Inc.

FUNDING AND METHOD OF PAYMENT

This Amendment is made and entered into this _____ day of _____, 2017, by and between the **City of Jacksonville**, a municipal corporation in the State of Florida, hereinafter referred to as the "CITY," and **Lutheran Social Services of Northeast Florida, Inc,** a nonprofit corporation with principal office located at 4615 Philips Highway, Jacksonville, FL 32207, hereinafter referred to as "PROVIDER."

In response to action taken by the Administrative Agency, PROVIDER's Agreement has been:

_____ increased by $ _____ in FY 2016 grant dollars
__X___ decreased by $ 56,827__in FY 2016 grant dollars

As a result of this Amendment, Ryan White funds shall not exceed a total of $740,057. Services to be funded are medical case management (Part A $558,424), mental health (Part A $18,922 and MAI $25,743), outreach (Part A $42,469), nutrition therapy (Part A $10,210), home and community-based health ($65), transitional housing ($16,388), Food ($58,631), and medical transportation (Part A $9,205).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2016 to February 28, 2017.

All other conditions remain unchanged.

By signatures below, both CITY and PROVIDER have agreed to the terms and conditions of this Amendment to be attached and made a part of this Agreement.

IN WITNESS HEREOF, the parties hereto have set their hands and affixed their seals.

ATTEST:

By: _____
James R. McCain, Jr.
Corporation Secretary

City of Jacksonville

By: _____
Lenny Curry, Mayor

WITNESS:

By: _____
Type/Print Name: _____
Title: _____

Lutheran Social Services of NEFL, Inc.

By: _____
Mary Strickland, CEO

RPBH1F6GA RCB009-16 08201

In compliance with the Charter of the City of Jacksonville, I do certify that there is an unexpended, unencumbered and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of monies provided therein to be paid.

Form Approved:

Office of General Counsel	Director of Administration and Finance Contract No. 9646-21 CTRP16000031-01

RPBH1F6GA RCB009-16 08201

CITY OF JACKSONVILLE
ACCOUNTING DIVISION
CONTRACT ENCUMBRANCE DATA SHEET
FISCAL YEAR: 2016-2017

Lutheran Social Services of NE Florida, Inc. — Vendor Name
59-1965600 — Tax ID Number
jcrawford@lssjax.org — Vendor's Email Address

New Vendors or changes in vendor information (i.e. address) W-9 is required.
W-9 attached? YES _____ NO __X___

Department/Division: Parks, Recreation & Community Services/Social Services Division

Department Contact Person for Contract: Sandy Arts, Program Manager

Department Contact Phone # (904) 630-3957 Contact e-mail: sarts@coj.net

Contract to be Paid by (Method):
X Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request ☐ No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Amended contract by decreasing **($56,827).**

Account Code Information: (for multiple accounts – use additional sheet if necessary)

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	**$56,827.00**		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-16		

Unit Price Supply Contract/(PO)? No Multi-Year Contract? No (if yes, see below)

Grant Funding: Does the funding for the encumbrance cross our fiscal years? YES/NO
If yes, current FY encumbrance $ _____ Encumbrance next FY $ _____
NOTE: If grant funds cross fiscal years, no other authorization or signing is needed for the next year's encumbrance.
If Multi-Year Contract, please break down funding below. Any adjustments (i.e. CPI) in future periods? Yes _____ No _____

Period	Fiscal Year	Index	Subobject	Project #	Detail	Grant #	Grant Detail	Dollar Amount
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								

Total _____

For Multi-Year Contracts, the Budget Division confirms that funds are anticipated to be budgeted and made available from the appropriate account to encumber the amounts listed above for each fiscal year for the referenced contract.

Print: _____
(Budget Officer or Designee)

Sign: _____ Date: _____
(Budget Officer or Designee)

NOTE: Attach original contract encumbrance data sheet to the legal request and send a copy to the Accounting Division.

REQUEST FOR LEGAL SERVICES

TO: **The Office of General Counsel**
117 West Duval Street, Suite 480, Jacksonville, FL 32202

Telephone 904-630-1700
Fax 904-630-1731

FROM:
NAME: Sandy Arts/Johnnetta Moore
TITLE: Program Manager/Chief
DEPARTMENT: Parks, Recreation and Community Services
DIVISION: Social Services Division/Ryan White Part A Program

A. **The Office of General Counsel is requested to provide legal assistance as detailed in this request and supporting documents. Give brief description:**

Please process full execution of Gateway Community Services, Inc. Contract 9479-43 Amendment 3 to decrease FY2016 grant dollars by ($5,547.00) for a total not to exceed $171,740.00 total Ryan White Part A funds.

(CONTINUE DESCRIPTION ON SECOND PAGE)

Project No: _____ **Vendor Name:** Gsateway Community Ser **Solicitation No:** _____
Contract No.: 9479-43 **Amount:** $ $171,740.00 **Tracking No:** _____

B. **Is a specific attorney already involved? Yes ■ No** **Name:** James McCain

Check if this requires Risk Management ☐

C **Date submitted:** February 1, 2017 **Completion is requested by (date):** February 14, 2017

D **For more information or discussion contact:**
Name: Sandy Arts
Title: Program Manager
Telephone: 630-3957 **E-mail:** sarts@coj.net

E. **Bill to agency (name, address):** Social Services Division/Ryan White Part A Program
Bill to account number (index code) RPBH1F6GA/RCB009 16/04205

F. **Department Approval (name and title)** _____

(For use by Office of General Counsel only)

CLIENT ID: _____ **MATTER NO:** _____

CLIENT: _____

WORK DESCRIPTION: _____

CATEGORY CODE: _____

Primary Atty: _____
Secondary Atty: _____
Dept. Head: _____

OGC REC'D: _____ **DATE OPENED:** _____

AMENDMENT 3
to the AGREEMENT between
City of Jacksonville
And
Gateway Community Services, Inc.

FUNDING AND METHOD OF PAYMENT

This Amendment is made and entered into this _____ day of _____, 2017, by and between the **City of Jacksonville**, a municipal corporation in the State of Florida, hereinafter referred to as the "CITY," and **Gateway Community Services, Inc,** a nonprofit corporation with principal office located at 555 Stockton Street, Jacksonville, FL 32204, hereinafter referred to as "PROVIDER."

In response to action taken by the Administrative Agency, PROVIDER's Agreement has been:

____ increased by $ _____ in FY 2016 grant dollars
__X_ decreased by $ 5,547.00 in FY 2016 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $171,740 ($6,198 for substance abuse – outpatient services and $165,542 for substance abuse – residential services).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2016 to February 28, 2017.

All other conditions remain unchanged.

By signatures below, both CITY and PROVIDER have agreed to the terms and conditions of this Amendment to be attached and made a part of this Agreement.

IN WITNESS HEREOF, the parties hereto have set their hands and affixed their seals.

ATTEST:

By: _____
James R. McCain, Jr.
Corporation Secretary

City of Jacksonville

By: _____
Lenny Curry, Mayor

WITNESS:

By: _____
Type/Print Name: _____
Title: _____

Gateway Community Services, Inc.

By: _____
Candace Hodgkins, CEO

RPBH1F6GA RCB009-16 08201

In compliance with the Charter of the City of Jacksonville, I do certify that there is an unexpended, unencumbered and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of monies provided therein to be paid.

Form Approved:

Office of General Counsel	Director of Administration and Finance Contract No. 9479-43 CTRP16000034-01

RPBH1F6GA RCB009-16 08201

CITY OF JACKSONVILLE
ACCOUNTING DIVISION
CONTRACT ENCUMBRANCE DATA SHEET
FISCAL YEAR: 2016-2017

Gateway Community Services, Inc. — Vendor Name
59-1881828 — Tax ID Number
Flynch@gatewaycommunity.com — Vendor's Email Address

New Vendors or changes in vendor information (i.e. address) W-9 is required.
W-9 attached? YES _____ NO __X___

Department/Division: Parks, Recreation & Community Services/Social Services Division

Department Contact Person for Contract: Sandy Arts, Program Manager

Department Contact Phone # (904) 630-3957 Contact e-mail: sarts@coj.net

Contract to be Paid by (Method):
X Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request ☐ No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Decrease funding with contract amendment by ($5,547)

Account Code Information: (for multiple accounts – use additional sheet if necessary)

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	($5,547)		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-16		

Unit Price Supply Contract/(PO)? No Multi-Year Contract? No (if yes, see below)

Grant Funding: Does the funding for the encumbrance cross our fiscal years? YES/NO
If yes, current FY encumbrance $ _____ Encumbrance next FY $ _____
NOTE: If grant funds cross fiscal years, no other authorization or signing is needed for the next year's encumbrance.
If Multi-Year Contract, please break down funding below. Any adjustments (i.e. CPI) in future periods? Yes _____ No _____

Period	Fiscal Year	Index	Subobject	Project #	Detail	Grant #	Grant Detail	Dollar Amount
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								

Total _____

For Multi-Year Contracts, the Budget Division confirms that funds are anticipated to be budgeted and made available from the appropriate account to encumber the amounts listed above for each fiscal year for the referenced contract.

Print: _____
(Budget Officer or Designee)

Sign: _____ Date: _____
(Budget Officer or Designee)

NOTE: Attach original contract encumbrance data sheet to the legal request and send a copy to the Accounting Division.

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to increase the award with the contractors listed below in the amount of $2,641,344.00 through the period ending February 28, 2017. Total revised estimated expenditure in the amount of $5,357,091.00, for a not to exceed expenditure amount of $10,693,912.00.

AIDS Healthcare Foundation - Increase by $315,175.00, not to exceed $1,242,686.00
Community Rehabilitation Center - Increase by $64,011.00, not to exceed $291,888.00
Duval County Health Department - Increase by $501,395.00, not to exceed $2,121,604.00
Gateway Community Services - Increase by $92,238.00, not to exceed $314,198.00
Jacksonville Area Legal Aid - Increase by $85,349.00, not to exceed $342,858.00
Lutheran Social Services - Increase by $374,873.00, not to exceed $1,396,221.00
Northeast Florida AIDS Network - Increase by $402,331.00, not to exceed $1,606,856.00
River Region Human Services - Increase by $84,314.00, not to exceed $428,539.00
UF Board of Trustees - Increase by $721,658.00, not to exceed $2,949,062.00

Funding Source: RPBH1F6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 6/30/16

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 7/01/16

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: **12/17/14**

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Original award was approved 3/5/15 with a term of March 1, 2015 through February 28, 2016, which omitted the renewal options. Recommend approval to amend the award to include the renewal options as two (2) one (1) year renewal options.

Recommend approval to ratify the period of service from March 1, 2016 to date of award.

Recommend approval to utilize the first of two renewal options with the contractors listed below from date of award through February 28, 2016. Total revised estimated expenditure in the amount of $2,715,747.00, for a not to exceed expenditure amount of $8,052,568.00.

AIDS Healthcare Foundation - $326,941.00, not to exceed $927,511.00
Community Rehabilitation Center - $70,263.00, not to exceed $227,877.00
Duval County Health Department - $492,694.00, not to exceed $1,620,209.00
Gateway Community Services - $84,072.00, not to exceed $221,960.00
Jacksonville Area Legal Aid - $90,291.00, not to exceed $257,509.00
Lutheran Social Services - $381,086.00, not to exceed $1,021,712.00
Northeast Florida AIDS Network - $414,029.00, not to exceed $1,204,525.00
River Region Human Services - $103,025.00, not to exceed $241,200.00
UF Board of Trustees - $753,346.00, not to exceed $2,227,404.00

Funding Source: RPBH1F6GA-08201-RCB009-16 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 3/10/16

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 3/10/16

APPROVED ____ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 **NUMBER RECEIVED:** 10 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to amend the award with the contractors listed below in the amount of $63,833.00 for the initial period ending February 28, 2016. Total revised estimated expenditure in the not to exceed amount of $5,336,821.00.

Decrease in the total amount of $326,461.00:
AIDS Healthcare Foundation - decrease by $114,073.00, not to exceed $600,570.00,
Community Rehabilitation Center decrease by $128,852.00, not to exceed $157,614.00
Jacksonville Area Legal Aid decrease by $8,422.00, not to exceed $167,218.00
UF Board of Trustees decrease by $75,114.00, not to exceed $1,474,058.00

Increase in the total amount of $390,294.00:
Duval County Health Department increase by $161,382.00, not to exceed $1,127,515.00
Gateway Community Services increase by $35,041.00, not to exceed $137,888.00
Lutheran Social Services increase by $101,370.00, not to exceed $640,262.00
Northeast Florida AIDS Network increase by $71,765.00, not to exceed $790,496.00
River Region Human Services increase by $20,736.00, not to exceed $241,200.00

Funding Source: RPBH1F6GA-08201-RCB009-15 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Contract Amendments and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 12/17/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 12/17/15

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Sam E. Mousa
Chief Administrative Officer
For Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15 OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to amend and increase the award with the contractors listed below in the amount of $930,189.00 for the initial period ending February 28, 2016. Total revised estimated expenditure in the not to exceed amount of $5,272,988.00.

Community Rehabilitation Center increase by $65,466.00, not to exceed $286,466.00
Duval County Health Department increase by $87,793.00, not to exceed $966,133.00
Gateway Community Services increase by $14,748.00, not to exceed $102,847.00
Jacksonville Area Legal Aid increase by $33,151.00, not to exceed $175,640.00
Lutheran Social Services increase by $96,720.00, not to exceed $538,892.00
Northeast Florida AIDS Network increase by $326,120.00, not to exceed $718,731.00
River Region Human Services increase by $52,478.00, not to exceed $220,464.00
UF Board of Trustees increase by $253,713.00, not to exceed $1,549,172.00

Funding will remain unchanged for:
AIDS Healthcare Foundation - $714,643.00

Funding Source: RPBH1F6GA-08201-RCB009-15

Attachments: Recommendation Memo, Contract Amendments and Previous Award

ANALYST: ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE: 07/16/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 7/17/15

APPROVED ✓ DISAPPROVED ____

OTHER ____

SIGNATURE OF AUTHENTICATION ____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

SUBJECT: RYAN WHITE CARE ACT Part A/ MINORITY AIDS INITIATIVE (MAI) - (CSPEC)

BID # ESC-0325-15

OPEN DATE: 12/17/14

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: FROM MARCH 1, 2015 THROUGH FEBRUARY 28, 2016

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST POINTS BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 24 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend to reject Quality Specialty Pharmacy for being a for-profit organization in which they were not the only available provider for this RFP. The Ryan White CARE Act, Program Policy Guidance No. 4, Clarification of Legislative Language Regarding Contracting with Profit Entities state the City can fund a for-profit organization when there are no other qualified not-for-profit bidders. There were two other not-for-profit bidders who were qualified and recommended for award. AIDS Healthcare Foundation, Jacksonville Area Legal Aid, Community Rehabilitation Center, University of Florida, Lutheran Social Services and River Region Human Services failed to timely acknowledge Addendum One. Recommend approval to waive as a minor irregularity.

Recommend approval to award Ryan White Part A and Minority Aids Initiative (MAI) for the period of March 1, 2015 through February 28, 2016 in the total not to exceed amount of $4,342,799.00.

AIDS Healthcare Foundation

Outpatient Medical Care -	$321,405
Pharmaceutical Assistance -	$249,159
Medical Case Management -	$142,579
Medical Transportation -	$ 1,500
Total	**$714,643**

Duval County Health Department

Pharmaceutical Assistance	$458,149
Oral Health	$420,191
Total	**$878,340**

Jacksonville Area Legal Aid

Legal Services	$142,489
Total	**$142,489**

Northeast Florida AIDS Network

Medical Case Management	$198,083
Health Insurance Prem. Asst.	$168,590
Outreach	$ 21,929
Medical Transportation	$ 4,009
Total	**$392,611**

University of Florida CARES

Outpatient Medical Care	$ 617,392
Medical Case Mgmt.	$ 440,319
Non-Medical Case Mgmt.	$ 108,685
Medical Nutrition Therapy	$ 34,198
Mental Health	$ 79,889
Child Care	$ 14,976
Total	**$1,295,459**

Community Rehabilitation Center

Medical Case Management -	$147,295
Mental Health -	$ 72,805
Medical Transportation -	$ 900
Total	**$221,000**

Gateway Community Services

Substance Abuse – Outpatient	$23,523
Substance Abuse – Residential	$64,576
Total	**$88,099**

Lutheran Social Services

Medical Case Management	$291,715
Mental Health	$ 96,756
Medical Nutrition Therapy	$ 15,866
Outreach	$ 30,274
Medical Transportation	$ 7,561
Total	**$442,172**

River Region Human Services

Substance Abuse – Outpatient	$ 23,972
Substance Abuse – Residential	$ 89,466
Mental Health	$ 52,258
Medical Transportation	$ 2,290
Total	**$167,986**

FUNDING SOURCE: RPBH1F6GA-08201-RCB009-15 – To be executed by formal contract through Office of General Counsel

ATTACHMENTS: Recommendation Memo, Rejection Notice, Evaluation Criteria and Scoring Sheet

ANALYST: _____ ANNETTE L. BURNEY

RESPECTFULLY SUBMITTED _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: JOHNETTA MOORE, CHIEF, SOCIAL SERVICES DIVISION

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING ____ DATE 03/05/15

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 3/9/15

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Cleveland Ferguson III
Deputy Chief Administrative Officer
For Mayor Alvin Brown
Under Authority of
Executive Order No. 2015-01