SUBJECT: SENIOR SERVICES HOMEMAKING SERVICES

BID #: SC-0483-14 **OPEN DATE: 2014-05-14**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: PARKS, RECREATION AND COMMUNITY SERVICES – SENIOR SERVICES

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 12 **NUMBER RECEIVED:** 2 **OTHER:** 1

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to change the vendor name from Arcadia Home Care and Staffing to PRAC Holdings, Inc. DBA Arcadia Home Care and Staffing for the assumption of the City contract with no change to the current pricing or terms and conditions for the period ending June 15, 2018. The total revised annual expenditure amount of $209,625.00, and the total not to exceed expenditure amount of $870,750.00 will remain unchanged.

Funding Source: RPAH1F6AS-03410-RCA029-18 - To be encumbered by purchase order.

Attachments: Recommendation Memo, Vendor Letter an Previous Awards

ANALYST: Annette Burney **RESPECTFULLY SUBMITTED:** GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Daryl Joseph, Director, Parks, Recreation and Community Services Division

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

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
214 N Hogan Street, 4th Floor
Jacksonville, FL 32202
(904) 255-7919
www.coj.net

ONE CITY. ONE JACKSONVILLE.

May 15, 2018

MEMORANDUM

05/21/18 09:05:06
Procurement Division

TO: Gregory Pease, Chief
Procurement Division

FROM: Gloria Crawford, Chief
Senior Services Division

THRU: Daryl Joseph, Director
Parks, Recreation and Community Services

RE: **SC-0483-14 VENDOR CHANGE OF OWNERSHIP AWARD REQUEST**

The Parks, Recreation and Community Services Department respectfully requests the award of SC-0483-14 Senior Services Home Making for Arcadia Home Care and Staffing, TIN 38-2186866, to be changed to PRAC Holdings, Inc. d/b/a Arcadia Home Care and Staffing, TIN 82-3540239. (c)

The vendor, Arcadia Health Services, Inc. d/b/a Arcadia Home Care and Staffing, tax id 38-2186866, has been sold to Addus Homecare. Addus Homecare is an affiliate of PRAC Holdings, Inc. d/b/a Arcadia Home Care and Staffing, tax id 82-3540239.

PRAC Holdings, Inc. will begin services for the award at the same rate of $15.75 effective April 1, 2018 through June 15, 2018.

The total expenditure amount for this award will remain unchanged at $870,750.00

The funding source will be RPAH1F6AS 03410 RCA029 18. The funds will be encumbered by individual purchase orders under a master blanket.

GC/cj

Attachment: SC-0483-14 Award
Letter from Arcadia Home Care & Staffing dated 4/9/18

ARCADIA
Home Care & Staffing

ADDUS

April 9, 2018

Mr. James Lee
Senior Services Grant Supervisor
City of Jacksonville
117 Duval Street, Suite 375
Jacksonvilee, Fl 32202

RE: REQUEST FOR CONSENT TO ASSIGNMENT – UPDATED LETTER

We are excited to announce that Arcadia Home Care & Staffing ("Arcadia") has entered into an Agreement with PRAC Holdings, Inc., an affiliate of Addus Homecare Corporation ("Addus"). As a brief introduction, Addus is a publicly traded company that has been providing a broad range of home and community-based services since 1979. The combination of our organizations will expand our collective geographic footprint and service offerings to enable continued success together as industry leaders in home care, home health and staffing services.

Under this change, Addus acquired the business of Arcadia Home Care & Staffing in an asset purchase effective 4/1/2018. To support Arcadia's operations without disruption to client care there will be no changes to the business name, locations, phone numbers, direct service staff, or local operating managers. However, as this is an asset purchase, *there will be changes to the corporate name, FEIN and bank routing numbers* for our Agreement with you. Please see a summary of the information below.

Name of contract:	Senior Services Homemaking Services Contract Bid#SC-0483-14
Service Period:	April 1, 2018 through June 15, 2018
Rate:	$15.75/ Hr.
Company Nam:	PRAC Holding, Inc.
Tax ID:	82-3540239

THIS LETTER IS SERVING AS FORMAL NOTIFICATION AND REQUEST FOR ASSIGNMENT OF THE AGREEMENT WITH ARCADIA HOME CARE & STAFFING TO PRAC Holdings, Inc. **EFFECTIVE AS OF THE DATE OF CLOSING OF THE TRANSACTION**. We agree to continue at the rate noted above and under the same terms of the agreement you had with Arcadia Health Services.

We are not aware of any reasonable cause for your denial. Please indicate your consent to the assignment by having a duly authorized representative execute this letter in the space provided below and return the fully executed letter via email to Natlcontracts@addus.com or via Facsimile to 630.487.2713.

Arcadia and Addus want you and your clients to receive the same level of care and attention as they have in the past. This change will in no way effect the dedication to provide the highest quality services. Should you have any questions, please contact us at the number below:

Diane Kumarich, VP National Contracts 2300 Warrenville Road, Suite 100 Downers Grove, IL 60515-1765 Ph: 630-296-3530 Natlcontracts@addus.com	Arcadia National Contracts 20750 Civic Center Dr., Suite 100 Southfield, MI 48076 Ph: 248-352-1609 contracting@arcadiahomecare.com

ARCADIA
Home Care & Staffing

ADDUS

Thank you for your time and attention and please let us know if we can provide anything further or if your organization requires any additional materials to effect this change.

Sincerely,

Diane Kumarich

Addus Homecare Corporation

Cathy Sparling

Arcadia Home Care & Staffing

ACCEPTING AND AGREEING TO THE TERMS OF THIS NOTICE AND CONSENT:

City of Jacksonville

BY: _____ DATE: _____

NAME: _____ TITLE: _____

Fax the response to: 630.487.2713

OR

Email to: Natlcontracts@addus.com

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
PRAC Holdings, Inc.

2 Business name/disregarded entity name, if different from above
Arcadia Home Care & Staffing

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2300 Warrenville Road, Suite 100

Requester's name and address (optional)

6 City, state, and ZIP code
Downers Grove, IL 60515-1765

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
8 2 - 3 5 4 0 2 3 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** [illegible] **Date ▶** 4/1/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Arcadia Health Services, Inc.

Business name/disregarded entity name, if different from above
Arcadia Home Care & Staffing

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
Corp: 20750 Civic Center Dr., Suite 100 **Remit: PO Box 673174**

City, state, and ZIP code
Corp: Southfield, MI 48076-4129 **Remit: Detroit, MI 48267-3174**

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
3 8 - 2 1 8 6 8 6 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶ 1/9/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

SUBJECT: SENIOR SERVICES HOMEMAKING SERVICES

BID #: SC-0483-14 **OPEN DATE: 2014-05-14**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: PARKS, RECREATION AND COMMUNITY SERVICES – SENIOR SERVICES

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 12 **NUMBER RECEIVED:** 2 **OTHER:** 1

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to ratify award from June 16, 2017 through date of award.

Recommend approval to utilize the third and final renewal option with Arcadia Home Care and Staffing in the amount of $102,375.00 (6,500 hours @ 15.75/hr.) and CDH Home Care, Inc., in the amount of $107,250.00 (6,500 hours @ 16.50/hr.). The period of service is from date of award through June 15, 2018. The total annual expenditure not-to-exceed $209,625.00, for a revised award not-to-exceed $870,750.00.

Funding for this award to be encumbered by accounts RPAH1F6AS-03410-RCA029-17, to be executed by purchase order(s).

Attachments: Recommendation Memo, Vendor Letters, Bid Tabulation Sheet, Terms and Conditions, Previous Awards

ANALYST: CHELSEY FLEMING

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Daryl Joseph, Director, Parks, Recreation and Community Services Division

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

MEMBERS APPROVING 3 MEMBERS DISAPPROVING Ø DATE: 6/29/17

OTHER:

ACTION OF AWARDING AUTHORITY DATE 6/30/17

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: **SENIOR SERVICES HOMEMAKING SERVICES**

BID# SC-0483-14 OPEN DATE: **2014-05-14**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

SERVICE CONTRACT - ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: **SENIOR SRVS**

BASIS OF AWARD: **ALL OR NONE**

NUMBER OF BIDS INVITED **12** NUMBER RECEIVED **2** OTHER **1**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to utilize the second of three (3) renewal options with Arcadia Home Care and Staffing in the amount of $102,375.00 (6,500 hours @ $15.75/hr.) and CDH Home Care, Inc. in the amount of $107,250.00 (6,500 hours @ $16.50/hr.) Period of service is from June 16, 2016 through June 15, 2017. Total revised estimated annual expenditure in the amount of $209,625.00, for a total not to exceed expenditure in the amount of $661,125.00.

Funding Source: RPAH1F6AS-03410-RCA029-16 - To be encumbered by purchase order

Attachments: Recommendation Memo, Vendor Letters, Previous Awards

BUYER: _____ ANNETTE BURNEY

RESPECTFULLY SUBMITTED: _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: **Gloria Crawford, Chief, Senior Services Division**

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 6-16-16

_____ OTHER: _____

_____

_____

ACTION OF AWARDING AUTHORITY DATE: 6/16/16

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

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

FORM GB-108, Revised 12/2007

SUBJECT: **SENIOR SERVICES HOMEMAKING SERVICES**

BID# SC-0483-14 OPEN DATE: **2014-05-14**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

SERVICE CONTRACT - ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: **SENIOR SRVS**

BASIS OF AWARD: **ALL OR NONE**

NUMBER OF BIDS INVITED **12** NUMBER RECEIVED **2** OTHER **1**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to utilize the first of three (3) renewal options with Arcadia Home Care and Staffing in the amount of $110,250.00 and CDH Home Care Inc. in the amount of $115,500.00. Period of service is from June 16, 2015 through June 15, 2016. Total revised estimated annual expenditure in the amount of $225,750.00, for a total not to exceed expenditure in the amount of $451,500.00.

Funding Source: RPAH1F6AS-03410-RCA029-15 - To be encumbered by purchase order

Attachments: Recommendation Memo, Vendor Letters, Previous Awards

BUYER: _____ RESPECTFULLY SUBMITTED: _____

ANNETTE BURNEY

GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: **Gloria Crawford, Chief, Senior Services Division**

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 06/11/15

_____ OTHER: _____

_____

_____

ACTION OF AWARDING AUTHORITY DATE: 6/15/15

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

FORM GB-108, Revised 12/2007

SUBJECT: SENIOR SERVICES HOMEMAKING SERVICES

BID# SC-0483-14

OPEN DATE: 5/14/2014

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT

SERVICE CONTRACT - ONE (1) YEAR FROM DATE OF AWARD WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS

AGENCY SENIOR SRVS

BASIS OF AWARD: ALL OR NONE

NUMBER OF BIDS INVITED 12 NUMBER RECEIVED 2 OTHER 1

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval of award to the two (2) lowest responsive, responsible bidders: Arcadia Home Care and Staffing in the amount of $110,250.00 ($15.75/hour) and CDH Home Care, Inc. in the amount of $115,500.00 ($16.50/hour). Period of service is for one (1) year from date of award with three (3) one (1) year renewal options. Total estimated annual expenditure in the amount of $225,750.00

Funding Source: RCAH1F6AS-03410-RCA029-14 to be encumbered by purchase order

This award is subject to appropriation by the City in the fiscal year beginning October 1, 2014. No funds have been appropriated to date. The City has no obligation for payment and work hereunder is not authorized unless funds are appropriated for the work herein. A written notification will be provided in the event that funds are appropriated

Attachments: Recommendation Memo, Tabulation, Terms and Conditions and Specifications

BUYER: ANNETTE BURNEY

RESPECTFULLY SUBMITTED: GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Gloria Crawford, Chief, Senior Services Division

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(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING _____ DATE: 06/12/14

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 6/13/14

APPROVED ✓ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION

Karen Bowling
Chief Administrative Officer
For: Mayor Alvin Brown
Under Authority of
Executive Order No. 2013-04

FORM GB-108, Revised 12/2007

QWS3270X 5/18/2018 2:49 PM
FAML6350 V5.1 ** NW COJ FAMIS PRODUCTION ** 05/18/2018
LINK TO: ACCOUNT SUMMARY INQUIRY 2:49 PM

FISCAL MO/YEAR : 08 2018 CURRENCY CODE :
INDEX CODE : RPAH1F6AS ADULT SERVICES GRANTS
SUBOBJECT : 03410 CONTRACTUAL SERVICES
PROJECT :
PROJECT DETAIL :
GRANT : RCA029 SOCIAL SVC.3B/NUTRITION 3C
GRANT DETAIL : 18 SOCIAL SVC.3B/NUTRITION 3C
USER CODE :

S	MAY 2018	ANNUAL BALANCE	ALL YEARS BALANCE
ESTIMATED REVENUES	.00	.00	.00
REVENUES	.00	.00	.00
UNREALIZED REVENUES	.00	.00	.00
BUDGET	908,228.87	908,228.87	908,228.87
EXPENDITURES	.00	.00	.00
ENCUMBRANCES	.00	.00	.00
PRE-ENCUMBRANCES	.00	.00	.00
REMAINING BALANCE	908,228.87	908,228.87	908,228.87

F1-HELP F2-SELECT F4-PRIOR F5-NEXT
F9-LINK F10-PRIOR-MO F11-NEXT-MO

G014 - RECORD FOUND