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 $3,275,327.00 for the period ending February 28, 2018. Total revised estimated annual expenditure amount is $5,393,335.00, for a total expenditure amount not to exceed $12,859,941.00.

AIDS Healthcare Foundation - $394,582.00, not to exceed $1,999,331.00
Community Rehabilitation Center - $85,734.00, not to exceed $425,262.00
Florida Department of Health in Duval County, $607,182.00, not to exceed $3,115,693.00
Gateway Community Services - $111,445.00, not to exceed $486,032.00
Jacksonville Area Legal Aid - $109,571.00, not to exceed $518,498.00
Lutheran Social Services - $466,919.00, not to exceed $2,108,361.00
Northeast Florida AIDS Network - $687,144.00, not to exceed $2,572,687.00
River Region Human Services - $83,617.00, not to exceed $562,874.00
UF Board of Trustees - $729,133.00, not to exceed $4,352,530.00

Funding Source: RPBH1F6GA-08201-RCB009-17 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Grant Award Letter and Previous Awards

ANALYST: _____ Annette 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 _____

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.

August 9, 2017

MEMORANDUM

TO: Greg Pease, Chief
Procurement Division

FROM: Johnnetta Moore, Chief
Social Services Division

THRU: Sandy Arts, Program Manager
Ryan White Part A Program

RE: Request to Amend Contracts Bid # ESC-0325-15

On June 16, 2017 the Social Services Division received a Notice of Award providing $3,281,327 in additional Ryan White Part A grant funding to the City of Jacksonville for 12-month grant period March 1, 2017 to February 28, 2018. Based on allocation percentages approved by the Metropolitan Jacksonville Area HIV Health Services Planning Council, the Social Services Division is requesting that you approve amendments to contracts under Bid #ESC-0325-15 to increase funds in the amount of $3,281,327. Total expenditure not to exceed $16,727,449 as follows:

Agency	From	To	Total	Contract #
AIDS Healthcare Foundation	$ 362,063	$ 756,645	$ 756,645	9128-13
Community Rehabilitation Center	$ 47,640	$ 133,374	$ 133,374	7403-56
Duval County Health Department	$ 386,907	$ 994,089	$ 994,089	9104-30
Gateway Community Services	$ 65,936	$ 177,381	$ 177,381	9479-50
Jacksonville Area Legal Aid	$ 66,069	$ 175,640	$ 175,640	6746-93
Lutheran Social Services	$ 302,048	$ 768,967	$ 768,967	9646-24
Northeast Florida AIDS Network	$ 278,687	$ 965,831	$ 965,831	7143-56
~~RACE Helps in Mental Health, Inc.~~	~~$ 182,266~~	~~$ 188,266~~	~~$ 188,266~~	~~9349-08~~
River Region Human Services	$ 70,206	$ 153,823	$ 153,823	9442-51
UF Board of Trustees	$ 592,473	$ 1,321,606	$ 1,321,606	9367-23

The total amount of funding to be awarded for Bid # ESC-0325-15 is ~~$6,033,537~~. $13,875,327.00

Copies of the Contract Amendments are attached. The funding account for both bids is RPBH1F6GA RCB009-17 08201.

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
Ivy Posey

1. DATE ISSUED: 06/16/2017	2. PROGRAM CFDA: 93 914	
3. SUPERSEDES AWARD NOTICE dated: 01/18/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4a. AWARD NO.: 6 H89HA00039-23-01	4b. GRANT NO.: H89HA00039	5. FORMER GRANT NO.: BRH890039
6. PROJECT PERIOD: FROM: 02/27/1995 THROUGH: 02/28/2018		
7. BUDGET PERIOD: FROM: 03/01/2017 THROUGH: 02/28/2018		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title XXVI, Section 2603b
Public Health Service Act Section 2603(b), 42 U S C 300ff-13(b)
FY 2007 Title XXVI of the PHS Act, 42 U S C section 300-ff-11 et seq (as amended). Part A
Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
Public Health Service Act, Sections 2601-2610
Public Health Service Act, Sections 2601-2610 (42 USC 300ff-11 – 300ff-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)
Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300ff-11 – 300ff-20, and 300ff-121(b)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS

9. GRANTEE NAME AND ADDRESS:
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507
DUNS NUMBER:
004076998

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Sandy Arts
CITY OF JACKSONVILLE
1809 Art Museum Dr
Jacksonville, FL 32207-2507

11.APPROVED BUDGET:(Excludes Direct Assistance)
[X] Grant Funds Only
[ ] Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	$0.00
b. Fringe Benefits :	$0.00
c. Total Personnel Costs	$0.00
d. Consultant Costs :	$0.00
e. Equipment :	$0.00
f. Supplies :	$0.00
g. Travel :	$0.00
h. Construction/Alteration and Renovation :	$0.00
i. Other :	$0.00
j. Consortium/Contractual Costs :	$0.00
k. Trainee Related Expenses :	$0.00
l. Trainee Stipends :	$0.00
m. Trainee Tuition and Fees :	$0.00
n. Trainee Travel :	$0.00
o. TOTAL DIRECT COSTS :	$6,033,537.00
p. INDIRECT COSTS (Rate. % of S&W/TADC) :	$0.00
q. TOTAL APPROVED BUDGET :	$6,033,537.00
i. Less Non-Federal Share:	$0.00
ii. Federal Share:	$6,033,537.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$6,033,537.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$2,752,210.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$3,281,327.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[A]**
Estimated Program Income: $0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above b. The grant program regulation cited above c. This award notice including terms and conditions, if any noted below under REMARKS d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system

REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)
This award includes the following sources of funding:

FY17 Formula - $3,682,500.00
FY17 MAI - $503,478

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks. If you need more information, please contact HRSA contact center at 877-464-4772, 8 am to 8 pm ET, weekdays.

FY17 Supplemental - $1,867,559.00

Total Funding - $6,033,537.00

Electronically signed by Brad Barney , Grants Management Officer on : 06/16/2017

17. OBJ. CLASS: 41.15	18. CRS-EIN: 1596000344B4	19. FUTURE RECOMMENDED FUNDING: $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
17 - 3778239	93.914	17H89HA00039	$1,108,621.00	$0.00	FRML	HIV1-17
17 - 3778240	93.914	17H89HA00039	$1,867,559.00	$0.00	SUPPL	HIV1-17
17 - 3778238	93.914	17H89HA00039	$305,147.00	$0.00	MAI	HIV1-17

City of Jacksonville, Florida
Request for Budget Transfer Form

(15)

Parks,Reacreation and Community Services
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: (if applicable) Community Services Grants
Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

2017-2018
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable):

CIP (yes or no):

Justification for Waiver

Justification for / Description of Transfer:

Approval is requested to appropriate additional grant funds from the US Department of Health and Human Services for the annual allocation of the Ryan White HIV/AIDS program Part A grant. This appropriation constitutes the full grant period March 1, 2017 to February 28, 2018. The grant provides HIV-related health and support services to persons living with HIV/AIDS and residing in the Jacksoville Transitional Grant Area comprising Duval, Clay, Nassau, and St. Johns Counties. These services includes outpatient medical care, medications, dental care, mental health counseling, subtance abuse treatment, and case management. Grant is authorized in Ordinance 2016-569-E for S5,500,000.00. Additional funding represent a 10% increase.

Total Amount Appropriated: $3,281.327.00

CITY COUNCIL

Requesting Council Member: CM's District:

Requesting Council Member: CM's District:

Prepared By: Ordinance:

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☒ TRANSFER DIRECTIVE

TD / BT Number: TD17-361

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	JUL 2 6	2017		
Mayor's Office				
Accounting Division	7-14-17	7/17/17		
Budget Division	7-7-17			

Date of Action By Mayor: JUL 2 6 2017

Approved:

Division Chief: Johnneta Moore

Date Initiated: 6/29/17

Prepared By: Sadra Arts

Phone Number: 630-3957

Initiated / Requested By (if other than Department):

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
JUL 2 6 2017
DATE

Budget Transfer Line Item Detail

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: $3,281,327.00

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Accounting Codes					
						Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl
Rev	If6	Comminity Services Grants	Ryan White Care Acts of 1990 Title I	Department of Health and Human Services	$3,281,327.00	RPBH1F6GA	331690			RCB009	17

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $3,281,327.00

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Accounting Codes					
						Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl
Exp	IF6	Comminity Services Grants	Ryan White Care Acts of 1990 Title I	Subsidies and Contributions	$3,281,327.00	RPBH1F6GA	08201			RCB009	17

account(s) listed in subsection (a) to the account(s) listed in subsection (b) upon the receipt of the federal funds from the Federal Government with grant award letters through the Mayor's Budget Review Committee:

(a) Appropriated from:

RPBH1F6GA RCB009-17 331690 $5,500,000

(b) Appropriated to:

Ryan White CARE Act of 1990 Title I

RPBH1F6GA RCB009-17 $5,500,000

(c) **Explanation of Appropriation** - The funding above is from a continuation grant from the Department of Health and Human Services Ryan White HIV/AIDS Grant Funds, with no matching funds from the City required. The funds shall be appropriated through the Mayor's Budget Review Committee upon receipt of the award letter.

Section 2. Carryover. The funds appropriated in this ordinance shall not lapse but shall carryover to the City of Jacksonville fiscal year 2017-2018.

Section 3. Purpose. The purpose of the appropriation in Section 1 is to provide HIV-related health and support services to persons living with HIV and residing in the Jacksonville Transitional Grant Area (TGA). The funds shall be appropriated through the Mayor's Budget Review Committee upon receipt of the award letter.

Section 4. Approving multi-year recurring grant and authority to receive additional 15% grant funds. The Ryan White Grant attached hereto as **Exhibit 1**, requires no City match. This Grant represents continuing multi-year awards or recurring grants which the City applies for annually and for which the City anticipates securing. The Council hereby approves the Ryan White HIV/AIDS Grant attached hereto, and approves the appropriation and

authorizes an increase in the employee cap during the duration of the grant as applicable upon receiving the grant award contract and subsequent MBRC approval of the Budget Revision form for this grant. The Mayor and Corporate Secretary are authorized to execute the necessary agreements. **Additional fifteen percent (15%) appropriation.** There is also appropriated from and to such accounts, for the purposes stated herein, an additional fifteen percent (15%) of the grant funds, to the extent the same becomes available during the term of the grant, and during any permissible extension of the grant term. The Director of Finance is authorized to make such necessary accounting adjustments, without further Council action, to reflect actual grant revenues received.

Section 5. Reauthorization of positions and part time hours. The Ryan White Grant authorizes 4FTE's and 832 part time hours. These positions and hours are approved on Schedule B1a attached to the annual budget Ordinance 2016-504. Schedule B1a shall be amended to reflect the addition of 4FTE's and 832 part time hours as more accurately described in **Exhibit 1** attached hereto.

Section 6. Oversight Department. The Department of Parks, Recreation and Community Services shall oversee the project described herein.

Section 7. Effective Date. This ordinance shall become effective upon signature by the Mayor or upon becoming effective without the Mayor's signature.

Form Approved:

/s/ *Margaret M. Sidman*

Office of General Counsel

Legislation Prepared By: Margaret M. Sidman

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FY 2017-18 CONTRACTS BY PROVIDER

Service Provider	Award	3/1/2017	Amend #1	Amend #2	Total
AIDS Healthcare Foundation					
Outpatient Medical Care	299,922	173,821	126,101		299,922
AIDS Pharmaceutical Assistance	205,450	97,121	108,329		205,450
Emergency Financial Assistance	-	-	-		-
Medical Case Management	251,273	91,121	160,152		251,273
Medical Transportation	-	-			-
Total	756,645	362,063	394,582		756,645
Community Rehabilitation Center					
Medical Case Management	110,900	39,052	71,848		110,900
Mental Health	22,474	8,588	13,886		22,474
Transportation	-	-			-
Total	133,374	47,640	85,734		133,374
Florida Department of Health					
AIDS Pharmaceutical Assistance	206,011	70,329	135,682		206,011
Emergency Financial Assistance	20,046	15,108	4,938		20,046
Oral Health	768,032	301,470	466,562		768,032
Total	994,089	386,907	607,182		994,089
Gateway Community Services					
Substance Abuse - Outpatient	7,276	2,304	4,972		7,276
Substance Abuse - Residential	170,105	63,632	106,473		170,105
Total	177,381	65,936	111,445		177,381
Jacksonville Area Legal Aid					
Legal Services	175,640	66,069	109,571		175,640
Total	175,640	66,069	109,571		175,640
Lutheran Social Services					
Medical Case Management	575,961	201,768	374,193		575,961
Mental Health	83,582	32,372	51,210		83,582
Nutritonal Therapy	12,065	5,650	6,415		12,065
Home & Community Based Health	-	-	-		-
Outreach	56,469	21,368	35,101		56,469
Transitional Housing	40,890	40,890	-		40,890
Transportation	-	-	-		-
Total	768,967	302,048	466,919		768,967
Northeast Florida AIDS Network					
Medical Case Management	322,847	117,156	205,691		322,847
Health Insurance Premium Assistance	606,696	151,476	455,220		606,696
Outreach	27,083	10,055	17,028		27,083
Transitional Housing	-	-	-		-
Transportation	9,205	-	9,205		9,205
Total	965,831	278,687	687,144		965,831
River Region Human Services					
Mental Health	22,600	13,874	8,726		22,600
Substance Abuse - Outpatient	6,639	2,127	4,512		6,639
Substance Abuse - Residential	124,584	54,205	70,379		124,584
Transportation	-	-	-		-
Total	153,823	70,206	83,617		153,823
University of Florida Rainbow Center					
Outpatient Medical Care	483,123	283,603	199,520		483,123
Non Medical Case Management	141,250	50,156	91,094		141,250
Medical Case Management	573,425	201,768	371,657		573,425
Mental Health	28,804	11,231	17,573		28,804
Nutritonal Therapy	95,004	45,715	49,289		95,004
Child Care	-	-	-		-
Total	1,321,606	592,473	729,133		1,321,606
Total	5,447,356	2,172,029	3,275,327		5,447,356

RYAN WHITE Part A MAI
FY 2017 CONTRACT AWARDS

6,033,537							
Service Category	Percent	Amount	Formula	Supplmt	F&S	MAI	Total
Outpatient Medical Care	14.37%	783,045	379,812	221,000	600,812	182,233	783,045
AHF		299,922	155,561	126,101	281,662	18,260	299,922
UF Rainbow		483,123	224,251	94,899	319,150	163,973	483,123
Total		783,045	379,812	221,000	600,812	182,233	783,045
Pharmaceuticals	7.55%	411,461	202,422	209,039	411,461	-	411,461
AHF		205,450	97,121	108,329	205,450	0	205,450
DOH		206,011	105,301	100,710	206,011	-	206,011
TOTAL		411,461	202,422	209,039	411,461	-	411,461
Emergency Financial Assistance	0.37%	20,046	20,046		20,046		20,046
DOH		20,046	20,046		20,046		20,046
TOTAL		20,046	20,046		20,046		20,046
Medical Case Management	33.68%	1,834,406	736,488	829,851	1,566,339	268,067	1,834,406
AHF		251,273	105,902	145,371	251,273	0	251,273
CRC		110,900	64,492	46,408	110,900	0	110,900
LSS		575,961	237,995	253,953	491,948	84,013	575,961
NFAN		322,847	136,695	186,152	322,847	0	322,847
UF Rainbow		573,425	191,404	197,967	389,371	184,054	573,425
TOTAL		1,834,406	736,488	829,851	1,566,339	268,067	1,834,406
Non-Medical Case Management	2.59%	141,250	98,916	42,334	141,250	0	141,250
UF Rainbow		141,250	98,916	42,334	141,250	0	141,250
TOTAL		141,250	98,916	42,334	141,250	0	141,250
Mental Health	2.89%	157,460	157,460		157,460	-	157,460
CRC		22,474	22,474	0	22,474	0	22,474
LSS		83,582	83,582		83,582		83,582
RRHS		22,600	22,600		22,600	0	22,600
UF Rainbow		28,804	28,804		28,804	0	28,804
TOTAL		157,460	157,460		157,460	-	157,460
Substance Abuse - Outpatient	0.26%	13,915	13,915		13,915	0	13,915
GCS		7,276	7,276		7,276	0	7,276
RRHS		6,639	6,639		6,639	0	6,639
TOTAL		13,915	13,915		13,915	0	13,915
Substance Abuse - Residential	5.41%	294,689	294,689		294,689	0	294,689
GCS		170,105	170,105		170,105	0	170,105
RRHS		124,584	124,584		124,584	0	124,584
TOTAL		294,689	294,689		294,689	0	294,689
Oral Health	14.10%	768,032	493,373	274,659	768,032	-	768,032
DOH		301,470	493,373	274,659	768,032		768,032
TOTAL		301,470	493,373	274,659	768,032	-	768,032
Legal Services	3.22%	175,640	175,640		175,640	0	175,640
JALA		175,640	175,640		175,640	0	175,640
TOTAL		175,640	175,640		175,640	0	175,640
Nutrition	1.97%	107,069	84,492	22,577	107,069	-	107,069
LSS		12,065	5,650	6,415	12,065		12,065
UF Rainbow		95,004	78,842	16,162	95,004	-	95,004
TOTAL		107,069	84,492	22,577	107,069	-	107,069
Health Insurance	11.14%	606,696	518,213	88,483	606,696	0	606,696
NFAN		606,696	518,213	88,483	606,696	0	606,696
TOTAL		606,696	518,213	88,483	606,696	0	606,696
Outreach	1.53%	83,552	78,024		78,024	5,528	83,552
Lutheran Social Services		56,469	50,941		50,941	5,528	56,469
NFAN		27,083	27,083		27,083		27,083
TOTAL		83,552	78,024		78,024	5,528	83,552
Transitional Housing	0.75%	40,890	40,890		40,890		40,890
Lutheran Social Services		40,890	40,890		40,890		40,890
TOTAL		40,890	40,890		40,890		40,890
Medical Transportation	0.17%	9,205	9,205		9,205		9,205
NFAN		9,205	9,205		9,205		9,205
TOTAL	**100%**	**5,447,356**	**3,303,585**	**1,687,943**	**4,991,528**	**455,828**	**5,447,356**
Available fund		5447356	3,303,585	1,687,943	4,991,528	455828	5447356
		-	-	-	-	-	-

Enacted 9/27/16

Introduced by Council President Boyer:

ORDINANCE 2016-569-E

AN ORDINANCE REGARDING A CONTINUATION GRANT; APPROVING THE APPROPRIATION OF $5,500,000 FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES RYAN WHITE HIV/AIDS GRANT FUNDS, WITH NO MATCHING FUNDS FROM THE CITY OF JACKSONVILLE REQUIRED, TO PROVIDE HIV-RELATED HEALTH AND SUPPORT SERVICES TO PERSONS LIVING WITH HIV AND RESIDING IN THE JACKSONVILLE TRANSITIONAL GRANT AREA (TGA) SUCH FUNDS TO BE EXPENDED DURING A GRANT YEAR THAT BEGINS MARCH 1, 2017, AND ENDS FEBRUARY 28, 2018; PROVIDING A CARRYOVER OF FUNDS TO CITY OF JACKSONVILLE FISCAL YEAR 2017-2018; PROVIDING FOR APPROVAL OF MULTI-YEAR RECURRING GRANT AND FOR AUTHORITY TO RECEIVE ADDITIONAL 15 PERCENT GRANT FUNDS; PROVIDING FOR AN AMENDMENT TO SCHEDULE B1A OF BUDGET ORDINANCE 2016-504 TO REAUTHORIZE 4 FTE'S AND 832 PT HOURS; PROVIDING FOR CITY OVERSIGHT BY THE DEPARTMENT OF PARKS, RECREATION AND COMMUNITY SERVICES; PROVIDING AN EFFECTIVE DATE.

BE IT ORDAINED by the Council of the City of Jacksonville:

Section 1. Appropriation Authorized. For the grant year beginning March 1, 2017, and ending February 28, 2018, and for the 2017-2018 fiscal year, within the City's budget, there are hereby authorized the appropriation of the indicated sum(s) from the

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

Vendor Name:	Tax ID Number:	Vendor's e-mail address
AIDS Healthcare Foundation, Inc.	95-4112121-01	Shaundia.White@aidshealth.org

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 AIDS Healthcare Foundation, Inc. account by $394,582 (CTRP17000028-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	$394,582	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT 1
to the AGREEMENT between
City of Jacksonville
And
AIDS Healthcare Foundation, Inc.
Dba AHF Healthcare Center

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 **AIDS Healthcare Foundation, Inc, dba AHF Healthcare Center,** a publicly supported corporation with principal office located at 6255 W. Sunset Boulevard, 21st Floor, Los Angeles, CA 90028, hereinafter referred to as "PROVIDER."

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

__X__ increased by $ _394,582__ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $756,645 ($299,922 for outpatient medical care, $251,273 for medical case management, $205,450 for pharmaceutical assistance.

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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: _____

AIDS Healthcare Foundation, Inc.

By: _____
Michael Weinstein, President

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. 9128-13 CTRP17000028-01

RPBH1F6GA RCB009-16 08201

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

Community Rehabilitation Center, Inc. 59-3198739 egoodman@communityrehabcenter.org
Vendor Name Tax ID Number 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):
Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request X No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Increase Community Rehabilitation Center, Inc. account by $85,734 (CTRP17000031-01)

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

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	$85,734		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-17		

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.

AMENDMENT I
to the AGREEMENT between
City of Jacksonville
And
Community Rehabilitation Center, 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 **Community Rehabilitation Center, Inc,** a nonprofit corporation with principal office located at 623 Beechwood Street, Jacksonville, FL 32206, hereinafter referred to as "PROVIDER."

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

__X__ increased by $ _85,734____ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $133,374 ($110,900 for medical case management, and $22,474 for mental health).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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: _____

Community Rehabilitation Center, Inc.

By: _____
Reginald Gaffney, Executive Director

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. 7403-56 CTRP17000031-01

RPBH1F6GA RCB009-16 08201

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

Florida Department of Health	59-6001874	Sandra.ellis@flhealth.gov
Vendor Name	Tax ID Number	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 and 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):
Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request X No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Increase Florida Department of Health account by $607,182 (CTRP17000040-01)

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

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	$607,182.00		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-17		

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.

AMENDMENT I
to the AGREEMENT between
City of Jacksonville
And
State of Florida, Department of Health

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 **State of Florida, Department of Health,** an agency of the State of Florida with principal office located at 900 University Boulevard, North, Jacksonville, FL 32211, hereinafter referred to as "PROVIDER."

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

__X__ increased by $ _607,182___ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White funds shall not exceed a total of $994,089. Services funded are AIDS pharmaceutical assistance (Part A $161,242 and MAI $44,769), emergency financial assistance (Part A $20,046), and oral health (Part A $729,586 and MAI $38,446).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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

ATTEST:

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

State of Florida, Department of Health

By: _____
Kelli T. Wells, M.D., Director
Florida Department of Health Duval County

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. 9104-30 CTRP17000040-01

RPBH1F6GA RCB009-16 08201

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

Vendor Name:	Tax ID Number:	Vendor's e-mail address
Gateway Community Services, Inc	59-1881828-02	MBennett@gatewaycommunity.com

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 Gateway Community Services, Inc. account by $111,445 (CTRP17000033-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	$111,445	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT I
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:

__X__ increased by $ __111,445__ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $177,381 ($7,276 for substance abuse – outpatient services and $170,105 for substance abuse – residential services).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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. 9479-50 CTRP17000033-01

RPBH1F6GA RCB009-16 08201

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

Vendor Name:	Tax ID Number:	Vendor's e-mail address
Jacksonville Area Legal Aid, Inc	59-0696291-01	heather.kilpatrick@jaxlegalaid.org

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 Jacksonville Area Legal Aid, Inc. account by $109,571 (CTRP17000029-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	$109,571	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT I
to the AGREEMENT between
City of Jacksonville
And
Jacksonville Area Legal Aid, 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 **Jacksonville Area Legal Aid, Inc,** a nonprofit corporation with principal office located at 126 W. Adams Street, Jacksonville, FL 32202, hereinafter referred to as "PROVIDER."

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

__X__ increased by $ _109,571_____ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $175,640 for legal services.

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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: _____

Jacksonville Area Legal Aid, Inc.

By: _____
James Kowalski, Executive Director

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. 6746-93 CTRP17000029-01

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

Vendor Name:	Tax ID Number:	Vendor's e-mail address
Lutheran Social Services of NE Florida, Inc.	59-1965600-04	hvaughan@lssjax.org

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
- [x] No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:
Increase Lutheran Social Services of NE Florida, Inc.account by $466,919 (CTRP17000035-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	$466,919	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT I
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:

__X__ increased by $ __466,919__ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White funds shall not exceed a total of $768,967. Services to be funded are medical case management (Part A $491,948 and MAI 84,013), mental health (Part A $51,412 and $25,743), outreach (Part A $50,941 and MAI 5,528), nutrition therapy (Part A $12,065), and transitional housing ($40,890).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

All other conditions remain unchanged.

By signatures below, both CITY and PROVIDER haveagreed 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 suffcient 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. 9646-24 CTRP17000035-01

RPBH1F6GA RCB009-16 08201

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

Vendor Name:	Tax ID Number:	Vendor's e-mail address
Northeast Florida AIDS Network, Inc.	59-2974694-02	dfuchs@nfanjax.org

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 Northeast Florida AIDS Network, Inc. account by $687,144 (CTRP17000032-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	$687,144	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT I
to the AGREEMENT between
City of Jacksonville
And
Northeast Florida AIDS Network, 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 **Northeast Florida Aids Network, Inc,** a nonprofit corporation with principal office located at 2715 Oak Street, Jacksonville, FL 32205, hereinafter referred to as "PROVIDER."

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

__X__ increased by $ _687,144___ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $965,831 ($322,847 for medical case management, $606,696 for health insurance premium assistance, $27,083 for outreach, and $9,205 for medical transportation).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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: _____

Northeast Florida Aids Network, Inc.

By: _____
Donna Fuchs, Executive Director

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. 7143-56 CTRP17000032-01

RPBH1F6GA RCB009-16 08201

CITY OF JACKSONVILLE
ACCOUNTING DIVISION
CONTRACT ENCUMBRANCE DATA SHEET
FISCAL YEAR: 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):
Contract Payment ☐ Master PO and/or Purchase Order ☐ Check Request X No Payments (Only Agreements)

Any other special payment instruction or important information should be listed below:

Increase River Region Human Services, Inc. account by $83,617 (CTRP17000030-01)

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

Index Code:	RPBH1F6GA		
Subobject:	08201		
Dollar Amount:	$83,617		
Project/Proj. Detail:			
Grant/Grant Detail:	RCB009-17		

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.

AMENDMENT I
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:

__X__ increased by $ __83,617__ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White Part A funds shall not exceed a total of $153,823 ($22,600 for mental health, $6,639 for substance abuse – outpatient services, and $124,584 for substance abuse – residential services).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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

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. 9442-51 CTRP17000030-01

RPBH1F6GA RCB009-16 08201

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

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
- [x] 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 $729,133 (CTRP17000034-01)

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

Index Code:	RPBH1F6GA		
Subobject:	8201		
Dollar Amount:	**$729,133**	$	$
Project / Proj. Detail:			
Grant / Grant Detail:	RCB009-17		

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

AMENDMENT I
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 $ _729,133__ in FY 2017 grant dollars
_____ decreased by $ _____in FY 2017 grant dollars

As a result of this Amendment, Ryan White funds shall not exceed a total of $1,321,606. Services to be provided are outpatient medical care (Part A $319,152 and MAI $163,973), 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), and medical nutrition therapy (Part A $95,004).

TERM OF SERVICE

Services shall be provided under this Agreement from March 1, 2017 to February 28, 2018.

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

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. 9367-23 CTRP17000034-01

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 ratify the period of service from March 1, 2017 through date of award.

Recommend approval to utilize the second and final renewal option with the contractors listed below from date of award through February 28, 2018. Total annual expenditure requested in the amount of $2,172,029.00, for a contract not to exceed expenditure amount of $12,865,941.00.

AIDS Healthcare Foundation - $362,063.00, not to exceed $1,604,749.00
Community Rehabilitation Center - $47,640.00, not to exceed $339,528.00
Florida Department of Health in Duval County - $386,907.00, not to exceed $2,508,511.00
Gateway Community Services - $65,936.00, not to exceed $374,587.00
Jacksonville Area Legal Aid - $66,069.00, not to exceed $408,927.00
Lutheran Social Services - $302,048.00, not to exceed $1,641,442.00
Northeast Florida AIDS Network - $278,687.00, not to exceed $1,885,543.00
River Region Human Services - $70,206.00, not to exceed $479,257.00
UF Board of Trustees - $592,473.00, not to exceed $3,623,397.00

Funding Source: RPBH1F6GA-08201-RCB009-17 – To be executed by formal contract amendments through the Office of General Counsel (Various Contracts)

Attachments: Recommendation Memo, Vendor Letters, Scope of Services and Previous Awards

ANALYST: CHELSEY RENFROE

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 Ø DATE: 4/06/17

OTHER:

ACTION OF AWARDING AUTHORITY DATE 4/06/17

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: 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 5 MEMBERS DISAPPROVING Ø DATE: 2/09/17

OTHER: _____

Teresa R Eichner

ACTION OF AWARDING AUTHORITY DATE 2/09/17

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: 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, 2015, 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 - $326,841.00, 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-RC6009-16 – 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-RC8009-15 – 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

Samir Mousa
Chief Administrative Officer
For Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-95

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 $285,466.00
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: 02/16/15

OTHER: ____

ACTION OF AWARDING AUTHORITY DATE 2/17/15

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	$ 21,829
Medical Transportation	$ 4,009
Total	$392,511

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-RC8009-15 – 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