



DEPARTMENT OF HEALTH AND
WELLNESS

99 Jesse Hill Jr. Drive S.E.
Atlanta, Georgia 30303
Telephone (404) 730-1202, Fax (404) 730-1294

COUNTY MANAGER'S ACTION FORM

Fulton County Board of Health

Phoebe Bailey, PhD, Chair
Elizabeth Clark, MD
Lynne P. Meadows, RN, MS
Harrison Rogers, MD
Monica Ryan, BS

Steven R. Katkowsky, MD, Director

TO: Mr. Thomas Andrews, County Manager
FROM: Steven R. Katkowsky, M.D., Director *SR Katkowsky MD*
DATE: September 18, 2006
SUBJECT: Renewal of Contract - Planned Parenthood of Georgia, Inc. and Fulton County

Requested Action: Approve renewal of contract between Fulton County and Planned Parenthood of Georgia, Inc. to provide expanded family planning services. The contract was approved by the Board of Commissioners on March 16, 2005, Item #05-0380.

Critical Date for Action: October 18, 2006

Purpose: Planned Parenthood of Georgia, Inc. will continue to provide family planning services to a minimum of 5,000 unduplicated users. Services will be available on a walk-in basis to the target population.

Discussion: We would like to exercise the second renewal option for this contract for the period of January 1, 2007 through December 31, 2007. This is a 1 year contract with 2 renewal options:

| AWARD HISTORY | BOC ITEM | DATE | DOLLAR AMOUNT |
|-------------------------|-----------|------------|---------------|
| Initial Award Amt | # 05-0380 | 03/16/2005 | \$425,568 |
| 1 st Renewal | #05-1063 | 09/21/2005 | \$425,568 |
| 2 nd Renewal | | 10/18/2006 | \$425,568 |
| Total of All Renewals | | | \$851,136 |
| Total Revised Amt | | | \$1,276,704 |

Impact: Provide for expanded family planning services for Fulton County residents.

Availability of Funding: 818-810-8198-1160

Coordination: County Attorney, Finance, Contract Compliance, Purchasing, Deputy County Manager

Contact Person: Ms. Christine Greene, Financial Systems Manager (404) 730-1214.

Recommendation: Approve renewal of contract.

Attachments: Copy of original contract and contract sign off sheet.

Wording: Request approval of contract with Planned Parenthood of Georgia, Inc. for expanded family planning services.

FULTON COUNTY UNIFORM CONTRACT/PURCHASING SIGN-OFF SHEET

Solicitation *VJD6E'Qif) 2 \fP> Description: TRIPLE PLANNING SERVICES
 Department: AtdUK^M/IVSE Contact: Steven R. Katkowsky, M.D.

PROCUREMENT ACTION:

- Invitation To Bid (ITB)
- Request for Proposal (RFP)
- Request for Quotation (RFQ)
- Other (Explain):
- Statewide Contract
- Change Order
- Sole Source
- Contract Amendment
- Renewal
- Emergency Procurement

| SOLICITED FROM: | MBE | FBE | Non-M/FBE | Total |
|------------------|-----|-----|-----------|-------|
| Bids Sent | | | | |
| Bids Received | | | | |
| No-Bids Received | | | | |

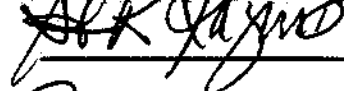
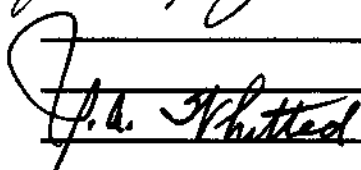
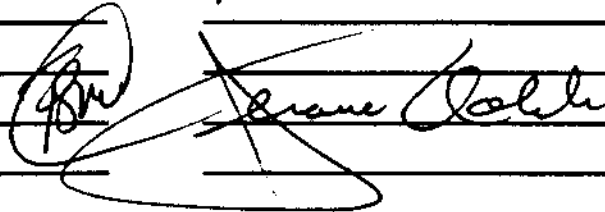
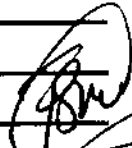
TYPE OF SERVICE:

- Annual Purchase
- Land Purchase
- One Time Purchase
- Construction
- Professional Services
- Revenue Contract
- Contract Employee
- Non-Professional Services
- Other (Explain)
- Grant
- Lease

| PRIME CONTRACTOR | | | | SUBCONTRACTOR | | | |
|--|--|-------------------------------|--|---|--|------------------------------------|--|
| MNon-M/FBE <input type="checkbox"/> MBE <input type="checkbox"/> FBE Code:* | | | | MNon-M/FBE <input type="checkbox"/> MBE <input type="checkbox"/> FBE Code:* | | | |
| Name <u>Planned Parenthood of GA, INC.</u> | | | | Name _____ | | | |
| Address <u>15 Belmont Ave Suite 800</u> | | | | Address _____ | | | |
| City <u>Atlanta</u> | | ST <u>GA</u> Zip <u>30303</u> | | City _____ | | ST _____ Zip _____ | |
| County <u>FULTON</u> | | Telephone <u>404-188-9300</u> | | County _____ | | Telephone _____ | |
| Contact <u>Kay Scott</u> | | | | Contact _____ | | | |
| Amounts <u>425,568.00</u> | | Percentage: _____ | | Amount \$ _____ | | Percentage: _____ | |
| Formal Contract Attached? (HTY <input type="checkbox"/> Yes <input type="checkbox"/> No 1 (If additional sub-contractor sheet is needed, please attach.) | | | | | | | |
| Contract Start Date <u>fill/pi</u> | | | | Or <input type="checkbox"/> Upon Approval | | End Date <u>fz-/2>i /E>7</u> | |
| Prior Contract(s) With County: (>^TY <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____ | | | | | | | |

Funding Line: 818-810-8198-1160 4406-910* 2007 Pending SOC approval

APPROVAL SIGNATURES

| | | |
|--|--|----------------------|
| Originating Department: _____ |  | Date: <u>9/24/06</u> |
| Information Technology: _____ | _____ | Date: _____ |
| Environment and Community Development: _____ |  | Date: <u>9/29/06</u> |
| Finance: _____ | _____ | Date: _____ |
| County Attorney: _____ | _____ | Date: _____ |
| Contract Compliance: _____ |  | Date: _____ |
| Purchasing: _____ |  | Date: <u>10/3/06</u> |
| Deputy County Manager: _____ | _____ | Date: _____ |
| County Manager: _____ | _____ | Date: _____ |
| Board of Commissioners: _____ | _____ | Date: _____ |

| Finance Summary | | Total Contract | | MBE/FBE Portion | |
|--------------------|----|------------------|------------|-----------------|---|
| Original Amount | \$ | <u>425,568</u> | Amount: \$ | _____ | % |
| Previous Increases | \$ | <u>425,568</u> | Amount: \$ | _____ | % |
| This Request | \$ | <u>425,568</u> | Amount: \$ | _____ | % |
| Contract Total | \$ | <u>1,276,704</u> | Amount: \$ | _____ | % |



FULTON COUNTY
 CONTRACTOR PERFORMANCE REPORT FOR GOODS/COMMODITIES

1. Report Period: from 03/06/05 to 06/30/06 2. Contract Period: from 01/16/06 to 12/31/06
 3. Bid#: _____ 4. PO No. and Amount: _____
 5. Department: Health and Wellness 6. Vendor Name: Planned Parenthood of Georgia
 7. P.O. Description: Expanded Family Planning

NUMERIC RATINGS

0 = Unsatisfactory Performance - Achieves contract requirements less than 50% of the time; not responsive, effective and/or efficient; unacceptable delay incompetence; high degree of customer dissatisfaction.
1 = Poor Performance - Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.
2 = Satisfactory Performance — Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and results in minor program adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.
3 = Good Performance - Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have no impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied
4 = Excellent Performance -Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal direction; customers expectations are exceeded.

| ITEM CATEGORY | RATING | COMMENTS |
|---|-------------------------|---|
| 1. Quality of Goods/Services - Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification | 0 1 2 (3) 4 | Consistently adhere to guidelines in assuring that staff is trained. Meets all compliance with delivery of direct services to clients . |
| *2. Timeliness of Performance - Were Milestones Met Per Contract - Response Time(per agreement if applicable) - Responsiveness to Direction/Change - On-Time Completion Per Contract | 0 1 2 (3) 4 | Consistently meet guidelines for providing direct services to clients. Attends quarterly Family Planning Coordinators meeting. |
| 3. Business Relations - Responsiveness to Requirements - Prompt Problem Notification | 0 1 (2) 3 4 | Consistently submit reports within time frame listed in the contract. |
| 4. Customer Satisfaction - Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions | 0 1 (2) 3 4 | Submits invoices to Fiscal Services in a timely manner. |
| 5. Contractors Key Personnel - Effective Management - Credentials/Experience - Ability to Accomplish Mission | 0 1 2 3 (4) | Vendor is recognized nationally for providing excellent, culturally appropriate reproductive health services to women and teens. There were no customer service complaints recorded during this contract period. |
| AVERAGE SCORE | 2.8 | ADD ABOVE RATINGS/DIVIDE TOTAL BY NUMBER OF AREAS BEING RATED |

* Report actual response times compared to contract response times (e.g., ambulance response time, technical support response time, delivery time for good software update timing).

* Report actual response times compared to contract response times (e.g., ambulance response time, technical support response time, delivery time for goods, software update timing).

Would you select/recommend this vendor again? Yes

Juliet P. Cooper

Ratings completed by (print name)

TuLietV. Cooper

Ratings completed by (signature)

September 19,2006

Date

Steven R. Katkowsky, M.D., Director

Department Head (print name)

Department Head Signature

Date

Vendor Representative (print name)

Vendor Representative Signature"

Date

"Vendor signature optional

Comments, corrective actions, etc:



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

Winner 2000- 2005 Achievement of Excellence in Procurement Award
National Purchasing Institute

Jerome Noble, Director



CONTRACT RENEWAL

DEPARTMENT: HEALTH & WELLNESS

BID/RFP# DESCRIPTION: 20050002YB/EXPANDED FAMILY PLANNING SERVICES

BID/RFP# NUMBER: 20050002YB

ORIGINAL APPROVAL DATE: March 16, 2005

RENEWAL PERIOD: FROM: 2007 TO December 31, 2007

NUMBER OF RENEWAL OPTIONS: 1

RENEWAL AMOUNT: \$ 425,568.00

COMPANY'S NAME: Planned Parenthood of Georgia, Inc.

Address: 75 Piedmont Ave., Suite 800

City: Atlanta

State: Georgia

Zip: 30303

Signatures: See Next Page

Signatures:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# ?nnsnnn?VR (Person signing must have signature authority for this contract)

Name: Kay Scott (Print)
(CEO, President, Vice President)

Vendor's Signature [Signature] Date 9-19-06

Attest:

Joanne Schaeffer Notary Public: Joanne Schaeffer

Tick: Notary County: Du & Albany

Seal (Affix) My Commission Expires: 8/1/17

Attest:

FULTON COUNTY

CHAIRMAN, BOARD OF COMMISSIONERS OF FULTON COUNTY, GEORGIA Date _____

CLERK TO THE COMMISSION

Department authorizes renewal option on the aforementioned Bid/RFP:

Department Head: Steven R. Catkowsky, MD (Print)

Department Head Signature [Signature] Date 9/28/06

- HOC Chairperson signature required on renewals \$ 50,000.00 or more or any Bid/RFP previously approved by the Board of Commissioners of Fulton County.
- Renewed/Current Insurance Certificate attached (if required) f j
- Current Performance and Payment Bonds attached (If required) / /