



**COUNCIL ACTION REQUEST FORM
CONTRACT - OTHER THAN LAND**

Council District 1 2 3 4 5 6 7 All

TO: <input type="text" value="Administrative Officer"/>	REQUESTOR'S NAME: (REQUIRED) <input type="text" value="Joanne E. Williams, Director"/>
CONTACT PERSON: <input type="text" value="Thomas Joseph, Fiscal Officer"/>	PHONE #: <input type="text" value="410-887-2683"/>
ALTERNATIVE CONTACT: <input type="text" value="Phyllis Myers, Executive Secretary"/>	PHONE #: <input type="text" value="410-887-2109"/>
PERSON TO APPEAR AT WORK SESSION: <input type="text" value="Joanne E. Williams, Director"/>	PERSON TO APPEAR AT COUNCIL MEETING: <input type="text" value="Joanne E. Williams, Director"/>
DEPARTMENT HEAD (REQUIRED): jwilliams	CARF TRACKING ID (AUTOMATICALLY GENERATED): <input type="text" value="CO-000618"/>
DEPARTMENT/AGENCY (REQUIRED) <input type="text" value="AGING"/>	BUDGET CODE: (REQUIRED) <input type="text" value="005-034-1631"/>
TITLE: (REQUIRED) <input type="text" value="Senior Assisted Group Home Subsidy"/>	RQS CODE: <input type="text"/>

SECTION I.

- I HEREBY SUBMIT MY REQUEST FOR: **CONTRACT - OTHER THAN LAND**
- TO BE VOTED ON AT THE: COUNCIL MEETING.
- PROGRAM/CONTRACT AMOUNT:
- FINANCING SOURCE:

	GRANTOR AGENCY NAME	AMOUNT
FEDERAL	<input type="text"/>	<input type="text"/>
:		
STATE:	Maryland Department of Aging	\$349,790
COUNTY:	<input type="text"/>	<input type="text"/>
OTHER:	<input type="text"/>	<input type="text"/>
TOTAL:		\$349,790

***INCLUDE PASS-THROUGH AGENCY (IF APPLICABLE). FOR EXAMPLE, IF FUNDS ORIGINATED FROM FEDERAL AGENCY BUT ARE BEING PASSED THROUGH A STATE AGENCY, SHOW ITEM ON THE FEDERAL LINE, WITH A NOTE AS THE PASS-THROUGH**

AGENCY.

PASS-THROUGH NOTES:

5. HAVE FUNDS BEEN APPROPRIATED AND ENCUMBERED? YES NO

6. HAS A REQUEST FOR THE SAME SERVICES/FUNDS/APPROPRIATION BEEN SUBMITTED TO THE COUNTY IN THE PAST? YES NO

IF YES, DATE AND DOLLAR AMOUNT:

7. ARE RELATED OR SIMILAR AGENDA ITEMS FORTHCOMING DURING THE NEXT YEAR? YES NO

8. EXECUTIVE SUMMARY: INCLUDE PURPOSE, BACKGROUND AND FISCAL IMPACT (IF MORE THAN 250 WORDS, PLEASE UPLOAD EXECUTIVE SUMMARY TO ASSOCIATED DOCUMENT LIBRARY)

CHECK IF EXECUTIVE SUMMARY HAS BEEN UPLOADED TO THE DOCUMENT LIBRARY

SECTION II.

1. WHAT SERVICES ARE BEING PROVIDED?

To provide assisted living care services including: twenty-four hour, seven days per week on-site supervision, three meals per day and evening snack, personal services (grooming, bathing, dressing), and housekeeping and laundry services. This program also provides a measure of monetary support for assisted living expenses of individuals 62 years of age or older who meet income and eligibility requirements.

2. WHO IS THE SELECTED CONTRACTOR?

House of Victory Home Care, Inc. T/A The House of Victory Apostolic, Grace Manor Senior Assisted, L...

3. HOW WAS THE CONTRACTOR SELECTED? SELECT ALL THAT APPLY.

OTHER

IF OTHER - EXPLAIN

Solicitation of all interested parties.

**** IF NOT COMPETITIVE BID OR PSSC, ATTACH UPLOAD JUSTIFICATION AND APPROVAL INFORMATION**

4. DATE CONTRACTOR WAS SELECTED BY PSSC, IF APPLICABLE:

5. ARE AGENCY FACT SHEETS ATTACHED? YES NO

6. MBE/WBE REQUIREMENT? YES NO

IF YES, WHAT IS THE PERCENTAGE?

7. HOW MANY OTHER BIDS/PROPOSALS WERE RECEIVED?

**** PLEASE INCLUDE ALL VENDOR SUBMISSIONS WITH VENDOR NAMES AND AMOUNTS.**

Nisbeth Assisted Living

8. WHAT IS THE INITIAL TERM OF THE CONTRACT?

7/6/2015 thru 9/30/2015

COMPENSATION AMOUNT:

9. LIST CONTRACT RENEWAL OPTIONS IF ANY?

Renewable for one year under the same terms and conditions

TOTAL COMPENSATION AMOUNT INCLUDING ALL RENEWALS:

10. IS THIS AN AMENDMENT OR ADDENDUM? YES NO

IF NO, HOW WERE SIMILAR SERVICES RECENTLY PROVIDED (IE. IN-HOUSE, UNDER ONE OR MORE CONTRACTS, BY PO)?

Under one or more contracts.

IF SERVICES WERE PROVIDED IN-HOUSE, PROVIDE THE COST-BENEFIT ANALYSIS JUSTIFYING THE DECISION TO OUT-SOURCE THE PROVISION OF SERVICES.

IF SERVICES WERE PROVIDED VIA ONE OR MORE OTHER CONTRACTS, FOR EACH CONTRACT, PROVIDE THE APPROVAL DATE AND THE AMOUNT INCURRED UNDER THE CONTRACT OR DURING THE MOST RECENT FISCAL YEAR.

County Council approved 19 contracts on October 1, 2011 and 2 contracts on July 01, 2013. The Department has expended \$196,901 in FY 2015 through March 2015.

IF SERVICES WERE PROVIDED VIA PO, FOR EACH PO, PROVIDE AMOUNT INCURRED.

11. HAVE SERVICES BEEN RENDERED AND/OR PAYMENTS MADE UNDER THIS CONTRACT/ADDENDUM PRIOR TO COUNCIL APPROVAL? YES NO

IF YES, INDICATE WHEN AND HOW MUCH?

IF YES, WHY?

IF YES, INDICATE VALUE OF SERVICES PROVIDED TO DATE UNDER THE PROPOSED CONTRACT OR AMENDMENT/ADDENDUM.

IF YES INDICATE THE ESTIMATED VALUE OF SERVICES TO BE PROVIDED PRIOR TO COUNCIL APPROVAL (I.E. COST TO BE INCURRED BY COUNTY PRIOR TO COUNCIL APPROVAL, WHICH COULD EXCEED AMOUNTS PAID AND INVOICED TO DATE).

12. WHAT OTHER CONTRACTS FOR SIMILAR SERVICES ARE IN PLACE AND WHAT ARE THEIR RELATED COSTS TO DATE?

n/a

13. ARE THERE CURRENTLY OTHER CONTRACTS IN PLACE WITH THIS CONTRACTOR? YES NO
IF YES, WHAT ARE THE RELATED COSTS TO DATE FOR THOSE CONTRACTS?

14. HOW MANY CLIENTS/RESIDENTS WILL BE SERVED FOR BOTH THE CURRENT CONTRACT YEAR AND THE REQUESTED CONTRACT YEAR?

52 clients FY15, 60 clients FY16

15. IS THIS A CAPITAL PROJECT? YES NO

SECTION IV. OFFICE OF BUDGET & FINANCE

ACCOUNT NO. FOR FUNDS APPROPRIATED:

ACCOUNT NUMBER	SOURCE