## **CONTRACT PROCESSING FORM HUMAN RESOURCES NOTIFICATION**

Human Resources Department must review your proposed service agreement to determine whether or not you are replacing or transferring out what might be bargaining unit work. This form is sent to Human Resources Department along with the proposed service agreement. <u>All service agreements must be reviewed</u>, regardless of dollar amount.

TODAY'S DATE:		12/13	12/13/2019		DATE NEEDED BY:	12/31/2019					
VENDOR:		Mars	Marshall Medical Ce		AGREEMENT #:	3304					
SERVICE REQUIRED:		For the County to reimburse Marshall Medical Center for the approved attached items									
CONTRA	ACT DE	ΓAILS:									
1.	Original Contract Amount: \$26,935.00 2. Contract Term:										
IF this is an addendum or amendment to an existing contract please complete #3 - #12 (otherwise skip to #7):											
3.											
4.	Revise	ed Contra	act Amount:		Al .						
5.	Revise	ed/New C	ontract Term:	3 Years							
6.	We are changing/amending			The list of approved items (scope) has changed; the previous contract expired.							
	this co	ontract be	ecause:	For the list app	proved for purchase before 0	06/30/2020, the not to exceed amount ery year based on the state approved					
*****	*****	******	******	*****	********	*********					
7.	7. Is it a legal requirement to use an outside vendor for this service?  Yes  No If yes, please identify the applicable law or legal mandate. Include reference or link if applicable.  (Please complete #8 - #9, then skip to #12)										
8.	Is this an "As Needed" Contract:										
9.	Has this specific service been procured from a vendor before?  No										
	9a. If yes, with which vendor(s) did we previously procure this service and when?  We sign a contract with Marshall Medical Center every year to support the operation of the Public Health Hospital Preparedness program.										
	9b. (If this was a temporary or specialty assignment) Why are we extending the contract?  The previous contract has expired and funds have been settled.										

10.	пач	e County employees previously (or currently) performed this service?	( ) Yes (	(●)No						
	10a.	If yes, what classification(s)? When did County employees most recently perform this service?								
	10b.	If yes, does this procurement of services supplement, but not replace County employees? Are any of those positions that currently/previously performed this service vacant and/or no longer allocated? Have (or will) County positions that most recently performed this service be reduced in force (subject to layoffs)? Briefly explain.								
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11.	<ol> <li>Please explain why County employees should not or cannot perform this work. Be s Identify special skills or qualifications required (but not possessed by County), work sensitive nature, neutral party necessary to prevent conflict of interest, etc.</li> </ol>									
12.	that	s procurement of service associated with any grants/other contracts fund County employee jobs? s, please explain:	Yes	No						