

**Agenda Item Summary**BOC Meeting Date
12/18/2019**Requesting Agency**

Human Resources Management

Commission Districts Affected

All Districts

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to exercise Option 2 for the contract renewal for the Grievance Review Board Attorney, at a cost not to exceed \$36,000.

Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

Employee Grievances Policy and Procedure (309-16); OCGA § 36-10-1

Is this Item related to a Strategic Priority Area? *(If yes, note strategic priority area below)*

Yes All People trust government is efficient, effective, and fiscally sound

Is this a purchasing item?

No

Summary & Background*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

Scope of Work: (Provide a brief project scope of work of the services/work to be provided)

The Grievance Review Committee voted to exercise the second renewal option with E. Anthony Daniel, the Grievance Review Board Attorney, at a cost not to exceed \$36,000.00. To date, Attorney Daniel has provided the Grievance Review Committee with legal support for 31 Grievance Board matters as well as other legal matters.

Community Impact: (Provide the overall impact on community health, whether the impact would be Countywide or to a specific District, if applicable)

There is no community impact.

Department Recommendation: (Provide the user department recommendation)

The department recommends approval.

Project Implications: (What are the future implications of the item in terms of potential changes in budget, service provision, or County policy/operations?)

There are no project implications.

Community Issues/Concerns: (Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?)

There are no community issues or concerns.

Department Issues/Concerns: (Identify any additional department recommendations or concerns)

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

including funding, staffing, external/internal partnerships and operational inefficiencies)
There are no departmental issues or concerns.

History of BOC Agenda Item: (Has this item previously been before the BOC? Yes or No. If yes, for non-purchasing item(s), describe what action(s) were taken.)

There is no history of this item on the Board's agenda.

(For purchasing items, provide the project history chart or if a new procurement, insert "New Procurement".)

Contract & Compliance Information	<i>(Provide Contractor and Subcontractor details.)</i>
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Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

19-1109

Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
Total Contract Value	.			
Total M/FBE Values	.			
Total Prime Value	.			
Fiscal Impact / Funding Source	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
Exhibits Attached	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
Source of Additional Information	<i>(Type Name, Title, Agency and Phone)</i>			

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Continued

Procurement

Contract Attached: .	Previous Contracts: .		
Solicitation Number: .	Submitting Agency: .	Staff Contact: .	Contact Phone: .

Description:.**FINANCIAL SUMMARY**

Total Contract Value:	MBE/FBE Participation:
Original Approved Amount: .	Amount: . %: .
Previous Adjustments: .	Amount: . %: .
This Request: .	Amount: . %: .
TOTAL: .	Amount: . %: .

Grant Information Summary:

Amount Requested: .	<input type="checkbox"/> Cash
Match Required: .	<input type="checkbox"/> In-Kind
Start Date: .	<input type="checkbox"/> Approval to Award
End Date: .	<input type="checkbox"/> Apply & Accept
Match Account \$: .	

Funding Line 1: .	Funding Line 2: .	Funding Line 3: .	Funding Line 4: .
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KEY CONTRACT TERMS

Start Date: .	End Date: .
Cost Adjustment: .	Renewal/Extension Terms: .

ROUTING & APPROVALS

(Do not edit below this line)

X	Originating Department:	Hermon, Kenneth	Date: 12/6/2019
X	County Attorney:	Martinez, Dominique	Date: 11/21/2019
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 12/11/2019