

# Contract Renewal Evaluation Form

<b>Date:</b>	October 25, 2021
<b>Department:</b>	SHERIFF
<b>Contract Number:</b>	17RFP07012016B-BR
<b>Contract Title:</b>	Inmate Medical Services

**Instructions:**

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

**1. Describe what efforts were made to reduce the scope and cost of this contract.**

**Was advertised through the Fulton County Purchasing procurement process.**

**2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:**

**Internet search of pricing for same product or service:**

Date of search: [Click here to enter a date.](#)

Price found: [Click here to enter text.](#)

Different features / Conditions: [Click here to enter text.](#)

Percent difference between internet price and renewal price: [Click here to enter text.](#)

**Explanation / Notes:**

[Click here to enter text.](#)



5. Is this a seasonal item or service?  Yes  No

6. Has an analysis been conducted to determine if this service can be performed in-house?  Yes  No If yes, attach the analysis.

7. What would be the impact on your department if this contract was not approved?  
The Sheriff's Office would not be able to carry out its Constitutional duties.

Roderic Terrell

October 27, 2021

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**Prepared by**

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**Date**

Lamarion Green-Hughey

October 27, 2021

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**Department Head**

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**Date**