



Fulton County Board of Commissioners
Agenda Item Summary

19-1111

BOC Meeting Date
12/18/ 2019

Requesting Agency

County Manager

Commission Districts Affected

All Districts

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

Request approval of a Contract Extension Agreement by and between Fulton County, Georgia, DeKalb County, Georgia and the Fulton Fulton-DeKalb Hospital Authority for two years.

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

O.C.G.A. Sections 31-7-84 and 31-7-85

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

Yes All People Are Healthy

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)

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

In order to continue Fulton County's support of medical services and hospitalization for the indigent sick the Fulton-DeKalb Hospital Authority has proposed to extend the current agreement for two years. The Board of Commissioners' approval is being requested for the two year extension. DeKalb County is also being asked to extend their agreement for two years.

Department Recommendation: (Provide the user department recommendation) The County Manager 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?)

Community Issues/Concerns: (Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?) None

Department Issues/Concerns: (Identify any additional department recommendations or concerns including funding, staffing, external/internal partnerships and operational inefficiencies) None

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

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.)

In 2017, this contract was extended by the BOC until December 31, 2019.

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

Contract & Compliance Information	(Provide Contractor and Subcontractor details.)
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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)

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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)

.	Originating Department:	.	Date: .
.	County Attorney:	.	Date: .
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
.	County Manager:	.	Date: .

CONTRACT EXTENSION AGREEMENT

THIS CONTRACT EXTENSION AGREEMENT (this “Agreement”) made and entered into in triplicate this ____ day of _____, 2019, by and among FULTON COUNTY, GEORGIA (“Fulton County”) acting by and through its Board of Commissioners, DEKALB COUNTY, GEORGIA (“DeKalb County”) acting by and through its governing authority, and THE FULTON-DEKALB HOSPITAL AUTHORITY (the “Authority”).

WITNESSETH:

WHEREAS, the Authority was activated by both Fulton County and DeKalb County (together, the “Counties”) in 1941 pursuant to the Hospital Authorities Law as it then existed (and now codified in O.C.G.A. §31-7-70 et seq.), as amended (the “Act”) for the purpose of addressing the medical care needs of their citizens and the acquisition and construction of adequate and necessary hospital facilities;

WHEREAS, the Counties and the Authority are authorized, pursuant to provisions of the Constitution of the State of Georgia, to contract for such medical services and hospitalization and provide such hospital facilities and projects and provide financing therefor pursuant to O.C.G.A. §31-7-84, §31-7-85 and other provisions of the Act;

WHEREAS, in 1945 the Authority acquired the land, buildings and equipment which then constituted the Grady Memorial Hospital from the City of Atlanta and the Authority and the Counties entered into an operating contract in connection therewith (the “1945 Contract”);

WHEREAS, in order to provide for a “new” Grady Hospital, the Authority and the Counties entered into a new 30-year contract in 1953 (the “1953 Contract”) under which the Counties agreed to pay debt service on the revenue bonds used to finance the construction of the new hospital and to provide funding for its operation;

WHEREAS, the 1953 Contract was superseded by a subsequent 30-year contract among the Authority and the Counties made effective as of January 1, 1984 (the “1984 Contract”) which provided for the financing of certain renovations to the Hospital;

WHEREAS, to facilitate the financing of various improvements and other capital expenditures with respect to the Hospital and its related facilities, the 1984 Contract was amended by Amendment Number One to Contract, dated December 30, 1987; Amendment Number Two to Contract, dated July 14, 1988; Amendment Number Three to Contract, dated December 29, 1988; and Amendment Number Four to Contract, dated June 22, 1989; and Amendment Number Five to Contract, dated December 14, 1989;

WHEREAS, the term of the 1984 Contract was extended for a two-year period ending December 31, 2015 by resolutions adopted by the Fulton County Board of Commissioners on July 17, 2013 and by the DeKalb County governing authority on October 8, 2013;

WHEREAS, the term of the 1984 Contract was extended for a one-year period ending December 31, 2017 by resolutions adopted by the Fulton County Board of

Commissioners on June 15, 2016 and by the DeKalb County governing authority on April 26, 2016;

WHEREAS, the term of the 1984 Contract was extended for a two-year period ending December 31, 2019 by resolutions adopted by the Fulton County Board of Commissioners on October 4, 2017 and by the DeKalb County governing authority on December 5, 2017; and

WHEREAS, the Counties and the Authority approved a Lease and Transfer Agreement, dated as of April 7, 2008, by and between the Authority and Grady Memorial Hospital Corporation (the "Corporation"), pursuant to which operational control of certain assets comprising the Grady Health System were leased or transferred by the Authority to the Corporation, without assignment or modification of the 1984 Contract, except for provision for payment by the Authority to the Corporation of monies received from the Counties under the 1984 Contract, as set forth in the Lease and Transfer Agreement.

WHEREAS, in order to continue the Counties' support of medical services and hospitalization for the indigent sick of their respective communities and to assist the Authority and the Corporation in providing adequate facilities for such purpose, pending a systematic change in federal and state health care funding in Georgia, the parties hereto wish to further extend the 1984 Contract.

NOW, THEREFORE, in consideration of the premises and the mutual undertakings as hereinafter set out, **IT IS AGREED** between Fulton County, DeKalb County and The Fulton-DeKalb Hospital Authority, each acting by and through its duly authorized officers, pursuant to resolutions duly and properly adopted, as follows:

1. Extension of Contract. The term of Contract among the parties hereto made effective as of January 1, 1984 (said contract, as amended to date, the "Contract") is hereby extended, and said Contract shall be and remain in full force and effect through and including December 31, 2021 or such earlier time as a substantial modification to the current system of federal and state funding of health care and indigent health care shall have been approved and implemented in Georgia and the new Operating Agreement shall have been negotiated and executed by the Authority and the Counties.

2. Counterpart Execution. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

3. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Georgia.

4. Amendments. This Agreement may only be amended in a writing executed by all of the parties hereto.

[Signature pages on following page.]

IN WITNESS WHEREOF, the parties hereto, acting through their duly authorized officers, have caused this Contract to be executed in triplicate the day and year first above written.

FULTON COUNTY

By: _____
Vice-Chairman, Board of Commissioners

ATTEST:

Clerk

(SEAL)

DEKALB COUNTY

By: _____
Chief Executive Officer

ATTEST:

Clerk

(SEAL)

THE FULTON-DEKALB HOSPITAL
AUTHORITY

By: _____
Chairman, Board of Trustees

ATTEST:

Secretary

(SEAL)