

 <p>Fulton County Board of Commissioners <b>Agenda Item Summary</b></p>	<p><b>BOC Meeting Date</b> 11/20/2019</p>
<p><b>Requesting Agency</b> Medical Examiner</p>	<p><b>Commission Districts Affected</b> All Districts</p>
<p><b>Requested Action</b> <i>(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)</i> Request approval of the Resolution authorizing the execution of the following contracts between Fulton County and the Emory University School of Medicine: (1) Agreement Between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner's Role As Director of Forensic Pathology Training Program; (2) Agreement Concerning Affiliation for Clinical Training of Medical Students Between Emory University School of Medicine and Fulton County, Georgia; and (3) Master Affiliation Agreement Concerning Residency Training Program Between Emory University School of Medicine and Fulton County, Georgia; and that the County Attorney is authorized to make any necessary modifications to the form and substance of the agreements prior to execution by the Chairman to protect the interest of the County."</p>	
<p><b>Requirement for Board Action</b> <i>(Cite specific Board policy, statute or code requirement)</i> Amend/Extend Current Contract</p>	
<p><b>Is this Item related to a Strategic Priority Area?</b> <i>(If yes, note strategic priority area below)</i>  Yes                      All People are safe</p>	
<p><b>Is this a purchasing item?</b> No</p>	
<p><b>Summary &amp; Background</b></p>	<p><i>(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)</i></p>
<p>Scope of Work: The County maintains a Medical Examiner's Office and desires to cooperate with the Emory University School of Medicine ("University") in order to provide a forensic pathology training program in providing for medical students, residents, and fellows in the Medical Examiner's Office. In order to achieve this objective, the Medical Examiner's Office seeks the County to enter into three (3) agreements, on its behalf, with the University to establish a forensic pathology training program in its office. The three (3) agreements include the following:</p> <p>1) Agreement Between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner's Role As Director of Forensic Pathology Training Program (this contract will designate the County's CME to serve as Director of the Forensic Pathology Training Program at Emory, and the County's Deputy Chief Medical Examiner and one Associate Medical Examiner chosen by the CME to assist in the teaching and training of University fellows and medical students at the County's Medical Examiner's Office). The County is not required to pay any compensation.</p>	

<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<p>Typed Name and Title</p>	<p>Phone</p>	
<p>Signature</p>	<p>Date</p>	

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

2) Agreement Concerning Affiliation for Clinical Training of Medical Students Between Emory University School of Medicine and Fulton County, Georgia (this contract will provide a forensic pathology training program for residents and fellows subject to the applicable law and regulations, including those for the Accreditation Council for Graduate Medical Education ("ACGME")). The County is required to secure and maintain professional and comprehensive general liability insurance.

3) Master Affiliation Agreement Concerning Residency Training Program Between Emory University School of Medicine and Fulton County, Georgia. (this contract will provide a forensic pathology training program for medical students) In consideration of the services of the Chief Resident(s), the County will be required to pay \$100.00 per month per Chief Resident, when applicable. The County will also be required to secure and maintain professional and comprehensive general liability insurance.

**Contract & Compliance Information**

*(Provide Contractor and Subcontractor details.)*

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

<b>Procurement</b>			
<b>Contract Attached:</b> .		<b>Previous Contracts:</b> .	
<b>Solicitation Number:</b> .	<b>Submitting Agency:</b> .	<b>Staff Contact:</b> .	<b>Contact Phone:</b> .
<b>Description:.</b>			
<b>FINANCIAL SUMMARY</b>			
<b>Total Contract Value:</b>		<b>MBE/FBE Participation:</b>	
Original Approved Amount: .		Amount: .	%: .
Previous Adjustments: .		Amount: .	%: .
This Request: .		Amount: .	%: .
TOTAL: .		Amount: .	%: .
<b>Grant Information Summary:</b>			
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 \$: .			
<b>Funding Line 1:</b> .	<b>Funding Line 2:</b> .	<b>Funding Line 3:</b> .	<b>Funding Line 4:</b> .
<b>KEY CONTRACT TERMS</b>			
<b>Start Date:</b> 01/01/2020		<b>End Date:</b> 06/30/2020	
<b>Cost Adjustment:</b> .		<b>Renewal/Extension Terms:</b> .	
<b>ROUTING &amp; APPROVALS</b> (Do not edit below this line)			
X	Originating Department:	Gorniak, Jan	Date: 11/12/2019
X	County Attorney:	Arrington, Michelle	Date: 10/8/2019
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
.	County Manager:	.	Date: .

**EXTENSION NO. 1 OF AGREEMENT CONCERNING AFFILIATION FOR CLINICAL TRAINING BETWEEN EMORY UNIVERSITY SCHOOL OF MEDICINE AND FULTON COUNTY, GEORGIA**

CONTRACTING ENTITY: **Emory University, by and through its School of Medicine, on behalf of its Department of Pathology**

Address: **[Street Address]**  
City, State: **Atlanta, Georgia**

Telephone: **[Insert telephone number]**

E-mail: **[Insert email address]**

Contact: **[Insert name of contact]**  
**[Insert contact's title]**

**W I T N E S S E T H**

**WHEREAS**, Fulton County ("County") entered into an Agreement with Emory University ("University") on \_\_\_\_\_, whereby the County contracted with the University concerning their affiliation to provide clinic learning experiences at the County for students who are enrolled in the University's M.D. degree program and participate in a University training program at the County;

**WHEREAS**, pursuant to O.C.G.A. § 45-16-80, the County oversees the governance of the office of the medical examiner;

**WHEREAS**, the County believes that pursuant to its original and exclusive jurisdiction over "the promotion of health" (see O.C.G.A. § 36-5-221), the County's residents will be well served by these expertly trained medical students, a number of whom have historically served in the Medical Examiner's Office upon the completion of their degree program;

**WHEREAS**, the County and the University wish to extend the subject contract, with all terms and conditions unchanged, through and until June 30, 2020; and

**WHEREAS**, this Extension was approved by the Fulton County Board of Commissioners on [Insert Board of Commissioners approval date and item number].

**NOW, THEREFORE**, the County and the University agree as follows:

This Extension No. 1 to Form of Agreement Concerning Affiliation for Clinical Training of

Medical Students between Emory University School of Medicine and Fulton County, is effective as of the 1<sup>st</sup> day of January, 2020, by and between the County and the University, with the agreement that all duties, obligations and services specified will be performed in accordance with the Agreement between the parties and this Extension No. 1 to the form of said Agreement for an additional six (6) month period, with this extension ending as of the 30<sup>th</sup> day of June, 2020.

1. **PARTIES' RESPONSIBILITIES:** The parties shall continue to be abide by their responsibilities as outlined in Sections C, D and E of the Agreement between the parties.
3. **LIABILITY OF COUNTY:** This Extension No. 1 to Form of Agreement Concerning Affiliation for Clinical Training of Medical Students between Emory University School of Medicine and Fulton County shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to the University.
4. **EFFECT OF EXTENSION NO. 1 THE AGREEMENT:** Except as modified by this Extension No. 1 to Form of Agreement Concerning Affiliation for Clinical Training of Medical Students between Emory University School of Medicine and Fulton County, the Agreement shall remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Extension No. 1 to Form of Agreement Concerning Affiliation for Clinical Training of Medical Students between Emory University School of Medicine and Fulton County to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

**FULTON COUNTY, GEORGIA**

**EMORY UNIVERSITY**

\_\_\_\_\_  
Robert L. Pitts  
Chairman

\_\_\_\_\_  
**NAME**  
**TITLE**

ATTEST:

ATTEST:

\_\_\_\_\_  
Tonya Grier  
Interim Clerk to the Commission

\_\_\_\_\_  
**NAME**  
**TITLE**

(Affix County Seal)

APPROVED AS TO CONTENT:

APPROVED AS TO CONTENT:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Dr. Jan Gorniak  
Medical Examiner

APPROVED AS TO FORM:

APPROVED AS TO FORM:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Office of the County Attorney

**ITEM#:** \_\_\_\_\_ **RCS:** \_\_\_\_\_  
**REGULAR/RECESS MEETING**

**EXTENSION NO. 1 OF AGREEMENT BETWEEN EMORY UNIVERSITY SCHOOL OF  
MEDICINE AND FULTON COUNTY, GEORGIA CONCERNING THE FULTON  
COUNTY CHIEF MEDICAL EXAMINER'S ROLE AS DIRECTOR OF FORENSIC  
PATHOLOGY TRAINING PROGRAM**

CONTRACTING ENTITY: Emory University, by and through its School of  
Medicine, on behalf of its Department of  
Pathology

Address: [Street Address]  
City, State: Atlanta, Georgia

Telephone: [Insert telephone number]

E-mail: [Insert email address]

Contact: [Insert name of contact]  
[Insert contact's title]

**W I T N E S S E T H**

**WHEREAS**, Fulton County ("County") entered into an Agreement with Emory University ("University") on \_\_\_\_\_, whereby the County contracted with the University for the County's Chief Medical Examiner to serve as Director of the Forensic Pathology Training Program at Emory, and for the County's Deputy Chief Medical Examiner and one Associate Medical Examiner(s) chosen by the Chief Medical Examiner to assist in the teaching and training of University residents and medical students at the County's Medical Examiner's Office.

**WHEREAS**, pursuant to O.C.G.A. § 45-16-80, the County oversees the governance of the office of the medical examiner;

**WHEREAS**, the County believes that pursuant to its original and exclusive jurisdiction over "the promotion of health" (see O.C.G.A. § 36-5-221), the Emory University, by and through its School of Medicine and on behalf of its Department of Pathology, would be well served through the continued retention of the County's Chief Medical Examiner as the Director of Emory's Forensic Pathology Training Program;

**WHEREAS**, the County and the University wish to extend the subject contract, with all terms and conditions unchanged, through and until June 30, 2020; and

**WHEREAS**, this Extension was approved by the Fulton County Board of Commissioners on [Insert Board of Commissioners approval date and item number].



**NOW, THEREFORE,** the County and the University agree as follows:

This Extension No. 1 to Form of Agreement between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner's Role as Director of Forensic Pathology Training Program is effective as of the 1<sup>st</sup> day of January, 2020, by and between the County and the University, with the agreement that all duties, obligations and services specified will be performed in accordance with the Agreement between the parties and this Extension No. 1 to the form of said Agreement for an additional six (6) month period, with this extension ending as of the 30<sup>th</sup> day of June, 2020.

1. **COMPENSATION:** Compensation shall continue to be paid pursuant to Article 2 of the Agreement between the parties.
  
3. **LIABILITY OF COUNTY:** This Form of Agreement between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner's Role as Director of Forensic Pathology Training Program shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to the University.
  
4. **EFFECT OF EXTENSION NO. 1 THE AGREEMENT:** Except as modified by this Form of Agreement between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner's Role as Director of Forensic Pathology Training Program, the Agreement shall remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Extension No. 1 to Form of Agreement between Emory University School of Medicine and Fulton County, Georgia Concerning the Fulton County Chief Medical Examiner’s Role as Director of Forensic Pathology Training Program to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

**FULTON COUNTY, GEORGIA**

**EMORY UNIVERSITY**

\_\_\_\_\_  
Robert L. Pitts  
Chairman

\_\_\_\_\_  
**NAME**  
**TITLE**

ATTEST:

ATTEST:

\_\_\_\_\_  
Tonya Grier  
Interim Clerk to the Commission

\_\_\_\_\_  
**NAME**  
**TITLE**

(Affix County Seal)

APPROVED AS TO CONTENT:

APPROVED AS TO CONTENT:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Dr. Jan Gorniak  
Medical Examiner

APPROVED AS TO FORM:

APPROVED AS TO FORM:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Office of the County Attorney

**ITEM#:** \_\_\_\_\_ **RCS:** \_\_\_\_\_  
**REGULAR/RECESS MEETING**

**EXTENSION NO. 1 OF AGREEMENT CONCERNING MASTER AFFILIATION  
AGREEMENT CONCERNING RESIDENCY TRAINING PROGRAM BETWEEN  
EMORY UNIVERSITY SCHOOL OF MEDICINE AND FULTON COUNTY, GEORGIA**

CONTRACTING ENTITY: Emory University, by and through its School of  
Medicine, on behalf of its Department of  
Pathology

Address: [Street Address]  
City, State: Atlanta, Georgia

Telephone: [Insert telephone number]

E-mail: [Insert email address]

Contact: [Insert name of contact]  
[Insert contact's title]

**WITNESSETH**

**WHEREAS**, Fulton County (“County”) entered into an Agreement with Emory University (“University”) on \_\_\_\_\_, whereby the County contracted with the University concerning their affiliation to provide a residency training program to resident physicians for the purpose of providing advanced medical education and training;

**WHEREAS**, pursuant to O.C.G.A. § 45-16-80, the County oversees the governance of the office of the medical examiner;

**WHEREAS**, the County believes that pursuant to its original and exclusive jurisdiction over “the promotion of health” (see O.C.G.A. § 36-5-221), the County’s residents will be well served by these expertly trained resident physicians, a number of whom have historically served in the Medical Examiner’s Office upon the completion of their degree program;

**WHEREAS**, the County and the University wish to extend the subject contract, with all terms and conditions unchanged, through and until June 30, 2020; and

**WHEREAS**, this Extension was approved by the Fulton County Board of Commissioners on [Insert Board of Commissioners approval date and item number].

**NOW, THEREFORE**, the County and the University agree as follows:

This Extension No. 1 to Form of Affiliation Agreement Concerning Residency Training

Program between Emory University School of Medicine and Fulton County, is effective as of the 1<sup>st</sup> day of January, 2020, by and between the County and the University, with the agreement that all duties, obligations and services specified will be performed in accordance with the Agreement between the parties and this Extension No. 1 to the form of said Agreement for an additional six (6) month period, with this extension ending as of the 30<sup>th</sup> day of June, 2020.

1. **PARTIES' RESPONSIBILITIES:** The parties shall continue to abide by their responsibilities as outlined in Sections III and IV of the Agreement between the parties.
  
3. **LIABILITY OF COUNTY:** This Extension No. 1 to Form of Affiliation Agreement Concerning Residency Training Program between Emory University School of Medicine and Fulton County shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to the University.
  
4. **EFFECT OF EXTENSION NO. 1 THE AGREEMENT:** Except as modified by this Extension No. 1 to Form of Affiliation Agreement Concerning Residency Training Program between Emory University School of Medicine and Fulton County, the Agreement shall remain in full force and effect.

**[INTENTIONALLY LEFT BLANK]**

**IN WITNESS THEREOF**, the Parties hereto have caused this Extension No. 1 to Form of Affiliation Agreement Concerning Residency Training Program between Emory University School of Medicine and Fulton County to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

**FULTON COUNTY, GEORGIA**

**EMORY UNIVERSITY**

\_\_\_\_\_  
Robert L. Pitts  
Chairman

\_\_\_\_\_  
**NAME**  
**TITLE**

ATTEST:

ATTEST:

\_\_\_\_\_  
Tonya Grier  
Interim Clerk to the Commission

\_\_\_\_\_  
**NAME**  
**TITLE**

(Affix County Seal)

APPROVED AS TO CONTENT:

APPROVED AS TO CONTENT:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Dr. Jan Gorniak  
Medical Examiner

APPROVED AS TO FORM:

APPROVED AS TO FORM:

\_\_\_\_\_  
**NAME**  
**TITLE**

\_\_\_\_\_  
Office of the County Attorney

**ITEM#:** \_\_\_\_\_ **RCS:** \_\_\_\_\_  
**REGULAR/RECESS MEETING**