



Fulton County Board of Commissioners
Agenda Item Summary

19-1102

BOC Meeting Date
12/18/2019

Requesting Agency

Finance

Commission Districts Affected

All Districts

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

Request approval to renew existing contracts - Finance, 18RFP354054C-BKJ with Weeks Retirement Solutions, LLC to provide GASB 75 actuarial consulting services. No additional funds are required, only approval of the new contract year. This action exercises the first of four renewal options. Three renewal options remain. Effective dates are January 1, 2020 through December 31, 2020..

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

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date or 60 days if the contract term is six (6) months or less.

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?

Yes

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: This contract will provide actuarial services in order to comply with the Governmental Accounting Standards Board which oversees accounting principles applicable to all state and local governments in the United States. Standard No. 75 requires a biennial actuarial analysis of Fulton County's offer of health care and life insurance to eligible retired employees. The initial contract approval of \$18,500 covered the 2018 and 2019 valuations, of which \$15,500 was for the 2018 valuation. An additional \$3,000 is required for the 2019 update of the initial valuation, which would be performed in early 2020. This action extends the contract to December 31, 2020.

Community Impact: None

Department Recommendation: Finance recommends approval.

Project Implications: This analysis is a required financial estimate for financial reporting purposes.

Community Issues/Concerns: None

Department Issues/Concerns: None

Agency Director Approval		County Manager's Approval
Typed Name and Title Felicia Strong-Whitaker, Director	Phone (404) 612-5800	
Signature	Date	

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

History of BOC Agenda Item:

CURRENT CONTRACT HISTORY	BOC ITEM	DATE	DOLLAR AMOUNT
Original Award Amount	18-1021	12/19/2018	\$18,500.00
Renewal No. 1		12/4/2019	\$0.00
Total revised Amount			\$18,500.00

Contract Compliance Information	(Provide Contractor and Subcontractor details.)
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Contract Value:	\$-0-
Prime Vendor:	Weeks Retirement Solutions, LLC
Prime Status:	Non-Minority
Location:	Atlanta, GA
County:	Fulton County
Prime Value:	\$-0- or 0.00%

Total Contract Value:	\$-0- or 0.00%
Total M/FBE Value:	\$-0-

Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
Total Contract Value	\$-0-			
Total M/FBE Values	\$-0-			
Total Prime Value	\$-0-			
Fiscal Impact / Funding Source <i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i> 100-999-S200-1226: General fund, Non-Agency, Audit-special - \$0				
Exhibits Attached <i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i> Exhibit 1: Contract Renewal Agreement Exhibit 2: Contract Renewal Evaluation Form Exhibit 3: Contractor Performance Report				
Source of Additional Information <i>(Type Name, Title, Agency and Phone)</i> Ray Turner, Deputy Director, Finance 404-612-7737				

Agency Director Approval		County Manager's Approval
Typed Name and Title Felicia Strong-Whitaker, Director	Phone (404) 612-5800	
Signature	Date	

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

Procurement

Contract Attached: No	Previous Contracts: Yes
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Solicitation Number: 18RFP354054C-BKJ	Submitting Agency: Finance	Staff Contact: Ray Turner	Contact Phone: 404-612-7737
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Description: To provide GASB 75 actuarial consulting services.

FINANCIAL SUMMARY

Total Contract Value:	MBE/FBE Participation:
Original Approved Amount: \$18,500.00	Amount: . %: .
Previous Adjustments: \$0	Amount: . %: .
This Request: \$0.00	Amount: \$-0- 0.00%: .
TOTAL: \$18,500.00	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: 100-999-S200-1226	Funding Line 2: Click here to enter text.	Funding Line 3: .	Funding Line 4: .
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KEY CONTRACT TERMS

Start Date: 1/1/2020	End Date: 12/31/2020
Cost Adjustment: \$0	Renewal/Extension Terms:

ROUTING & APPROVALS

(Do not edit below this line)

X	Originating Department:	Turner, Ray	Date: 10/24/2019
X	County Attorney:	Ringer, Cheryl	Date: 12/11/2019
X	Purchasing/Contract Compliance:	Strong-Whitaker, Felicia	Date: 12/11/2019
X	Finance/Budget Analyst/Grants Admin:	Jones, Monica	Date: 10/25/2019
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 12/11/2019



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: 18RFP354054C-BKJ

BID/RFP# TITLE: GASB 75 Actuarial Services

ORIGINAL APPROVAL DATE: 12/19/2018

RENEWAL PERIOD FROM: 01/01/2020 THROUGH 12/31/2020

RENEWAL OPTION #: 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: \$0.00

COMPANY'S NAME: Weeks Retirement Solutions, Inc.

ADDRESS: 3522 Ashford Dunwoody Road, #188

CITY: Atlanta

STATE: GA

ZIP: 30319

This Renewal Agreement No. _____ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP# _____
(Person signing must have signature authority for the company/corporation)

NAME: _____ (Print)
(CEO, President, Vice President)

VENDOR'S SIGNATURE: _____ DATE: _____

ATTEST:

NOTARY PUBLIC: _____

TITLE: _____ COUNTY: _____

SEAL (Affix) MY COMMISSION EXPIRES: _____

FULTON COUNTY, GEORGIA

ROBERT L. PITTS, CHAIRMAN
FULTON COUNTY BOARD OF COMMISSIONERS
DATE: _____

ATTEST:

TONYA R. GRIER
CHIEF DEPUTY CLERK TO THE COMMISSION
DATE: _____

SEAL (Affix)

DEPARTMENT AUTHORIZES RENEWAL OPTION ON THE AFOREMENTIONED BID/RFP:

DEPARTMENT HEAD: _____ (Print)

DEPARTMENT HEAD SIGNATURE: _____ DATE _____

ITEM#: _____ RCS: _____ RECESS MEETING	ITEM#: _____ RM: _____ REGULAR MEETING
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Contract Renewal Evaluation Form

Date:	December 18, 2019
Department:	FIRE
Contract Number:	18RFP354054C-BKY
Contract Title:	GASB 75 Actuarial 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.

The contract approved 12/18/2018 agenda item 18-1021 is for calculating the requirements for financial reporting of post employment benefit liabilities and cost, and does not contain other additional services.

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.

Item was procured in late 2018 via Purchasing using an RFP process.

☐ **Market Survey of other jurisdictions:**

Date contacted:	Click here to enter a date.
Jurisdiction Name / Contact name:	Click here to enter text.
Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.
Are they aware of any new vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they aware of a reduction in pricing in this industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How does pricing compare to Fulton County's award contract?	Click here to enter text.

Explanation / Notes:

Click here to enter text.

☐ **Other (Describe in detail the analysis conducted and the outcome):**

Click here to enter text.

3. What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?

\$14,500

4. Does the renewal option include an adjustment for inflation? ☐ Yes ☒ No
(Information can be obtained from CPI index)

Was it part of the initial contract? ☐ Yes ☒ No

Date of last purchase:	Click here to enter a date.
Price paid: \$14,500	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.

Explanation / Notes:

The contract approved price was \$17,500, of which \$14,500 was utilized for the 2018 study. The contract was to 12/31/2019, therefore we need approval of time for work done in 2020, but need to additional funding beyond the original approved \$17,500.

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.

The item needs to be independently calculation by an licensed actuary.

7. What would be the impact on your department if this contract was not approved?

Non compliance with calculation of information to meet Government Accounting Standard No. 75
for post employment benefit costs.

Ray Turner

November 26, 2019

Prepared by

Date

Hakeem Oshikoya

November 26, 2019

Department Head

Date

DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACTORS PERFORMANCE REPORT
PROFESSIONAL SERVICES

Report Period Start	Report Period End	Contract Period Start	Contract Period End
1/1/2019	10/31/2019	1/1/2019	12/31/2019
PO Number			PO Date
19SC119984C-BKJ			6/20/2019
Department	Finance		
Bid Number	18RFP354054C-BKJ		
Service Commodity	GASB 75 Actuarial Services		
Contractor	Weeks Retirement Solutions		

= Unsatisfactory	<i>Achieves contract requirements less than 50% of the time, not responsive, effective and/or efficient, unacceptable delay, incompetence, high degree of customer dissatisfaction.</i>
= Poor	<i>Achieves contract requirements 70% of the time. Marginally responsive, effective and/or efficient; delays require significant adjustments to programs; key employees marginally capable; customers somewhat satisfied.</i>
= Satisfactory	<i>Achieves contract requirements 80% of the time; generally responsive, effective and/or efficient; delays are excusable and/or results in minor programs adjustments; employees are capable and satisfactorily providing service without intervention; customers indicate satisfaction.</i>
= Good	<i>Achieves contract requirements 90% of the time. Usually responsive; effective and/or efficient; delays have not impact on programs/mission; key employees are highly competent and seldom require guidance; customers are highly satisfied.</i>
= Excellent	<i>Achieves contract requirements 100% of the time. Immediately responsive; highly efficient and/or effective; no delays; key employees are experts and require minimal directions; customers expectations are exceeded.</i>

. Quality of Goods/Services (-Specification Compliance - Technical Excellence - Reports/Administration - Personnel Qualification)

0 **Comments:**

1 The deliverables were met, and all applicable financial statement disclosures were obtained from this Actuarial report from WRS. No comments from the State Auditor's office pertained to information presented in the County's audit regarding the GASB 75 Other Post Employment Benefit disclosures.

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. Timeliness of Performance (-Were Milestones Met Per Contract - Response Time (per agreement, if applicable) - Responsiveness to Direction/Change - On Time Completion Per Contract)

0 **Comments:**

1 Additional requests, clarification of existing requests for information caused delays in delivering the required information to the County. WRS was initially asked for a list of requested items, but WRD indicated they did not have a standard list of items required. This caused some additional back and forth between vendor and County, causing delays in final delivery of the report.

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. Business Relations (-Responsiveness to Inquiries - Prompt Problem Notifications)

0 **Comments:**

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19-1102

the award was approved by the Board 12/19/18, however the vendor would not respond back to Purchasing, even to the point that a rescission of award letter was sent to the 2019 timeframe. Upon receipt, vendor then responded. At other intervals throughout the engagement, we also had sporadic times where the vendor was to other engagements.

4

Customer Satisfaction (-Met User Quality Expectations - Met Specification - Within Budget - Proper Invoicing - No Substitutions)

Comments:

We believe the engagement, even though was a 1st time with this vendor, could have run smoother. Requests for information required clarification more times than we have experienced in the past with other vendors performing similar analysis of the County's OPEB liability.

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Contractors Key Personnel (-Credentials/Experience Appropriate - Effective Supervision/Management - Available as Needed)

Comments:

Mr. Weeks is very knowledgeable in the area of OPEB actuarial analysis.

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Overall Performance Rating:

2.8

Would you select/recommend this vendor again?

Check box for Yes. Leave Blank for No)

☒ Yes ☐ No

Rating completed by:

ray.turner

Department Head Name

Department Head Signature

Date

HALEEM OSICKOYA



10/24/2019