



# Fulton County

## Legislation Details (With Text)

**File #:** 22-0718      **Version:** 1      **Name:**  
**Type:** Consent - Justice and Safety      **Status:** Agenda Ready  
**File created:** 8/17/2022      **In control:** Board of Commissioners  
**On agenda:** 10/5/2022      **Final action:**  
**Title:** Request approval to increase spending authority - Medical Examiner, 19ITB867972C-BKJ, Pick-up, Removal and Delivery of Deceased Remains, in the amount of \$15,000.00 with Middleton Mortuary Transport (Fairburn, GA) to provide transportation of deceased remains. Effective upon BOC approval. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Exhibit 1:MIDDLETON CONTRACT RENEWAL AGREEMENT FORM, 2. Exhibit 2: Contractor Performance Report Middleton

Date	Ver.	Action By	Action	Result
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### Department

Medical Examiner

### Requested Action

Request approval to increase spending authority - Medical Examiner, 19ITB867972C-BKJ, Pick-up, Removal and Delivery of Deceased Remains, in the amount of \$15,000.00 with Middleton Mortuary Transport (Fairburn, GA) to provide transportation of deceased remains. Effective upon BOC approval. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

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

In accordance with Purchasing Code Section 102-420, contract modifications within the scope of the contract and necessary for contract completion of the contract, in the specifications, services, time of performance or terms and conditions of the contract shall be forwarded to the Board of Commissioners for approval.

### Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

**Justice and Safety**

### Commission Districts Affected

- All Districts
- District 1
- District 2
- District 3
- District 4
- District 5

District 6

**Is this a purchasing item?**

Yes

**Summary & Background:** The Medical Examiner’s office recommends approval of an increase in spending authority to cover costs in excess of the contract amount for transport services. The office has experienced a 48% percentage increase in cases over 2019. This increase in cases has resulted in expenses for transport services to increase by \$15,000 over the contract amount.

**Scope of Work:** The vendor provides transport services of decedents to the Medical Examiner’s Office.

**Community Impact:** None

**Department Recommendation:** BOC approval of the increase in spending authority to cover cost for expenses above the contracted amount.

**Project Implications:** Approval is needed to pay expenses above contract amount to continue transport of decedents.

**Community Issues/Concerns:** None

**Department Issues/Concerns:** If the increase is not approved, the Medical Examiner’s office cannot process invoices for the vendor beyond contract amount.

**Contract Modification:**

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	19-1125	12/18/2019	\$120,000.00
1st Renewal	20-0720	10/21/2020	\$120,000.00
2 <sup>nd</sup> Renewal	21-0898	11/17/2022	\$120,000.00
Increase Spending Authority		09/21/2022	\$15,000.00
Total Revised Amount			\$375,000.00

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

**Contract Value:** \$15,000.00

**Prime Vendor:** Middleton Mortuary Transport  
**Prime Status:** African American Male Business Enterprise-Non Certified  
**Location:** Fairburn, GA  
**County:** Fulton County  
**Prime Value:** \$15,000.00 or 100.00%

**Total Contract Value:** \$15,000.00 or 100.00%  
**Total M/FBE Value:** \$15,000.00 or 100.00%

**Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

Exhibit 1: Amendment No. 1 to Form of Agreement

Exhibit 2: Contractor Performance Report

**Contact Information** *(Type Name, Title, Agency and Phone)*

Marian Green, Deputy Director, Medical Examiner's Office, (404) 613-4504

**Contract Attached**

Yes

**Previous Contracts**

Yes

**Total Contract Value**

Original Approved Amount: \$120,000.00  
Previous Adjustments: \$240,000.00  
This Request: \$15,000.00  
TOTAL: \$375,000.00

**Grant Information Summary**

Amount Requested:  Cash  
Match Required:  In-Kind  
Start Date:  Approval to Award  
End Date:  Apply & Accept  
Match Account \$:

**Fiscal Impact / Funding Source**

**Funding Line 1:**

100-340-3400-1160: General, Medical Examiner, Professional Services

<b>Key Contract Terms</b>	
<b>Start Date:</b> 1/1/2019	<b>End Date:</b> 12/31/2022
<b>Cost Adjustment</b>	<b>Renewal/Extension Terms:</b>

**Overall Contractor Performance Rating:**

**Would you select/recommend this vendor again?**

No

**Report Period Start:**  
4/1/2022

**Report Period End:**  
6/30/2022