

Fulton County

Legislation Details (With Text)

File #:	21-0664	Version: 1	Name:			
Туре:	CM Action Item - Open & Responsible Government		Status:	Passed		
File created:	8/23/202		In control:	Board of Commissioners		
On agenda:	9/1/2021	1	Final action:	9/1/2021		
Title:	Request approval of a recommended proposal - Department of Human Resources Management, 20RFP0810B-EC, Family and Medical Leave (FMLA) Act Administration Services, in the amount of \$24,000.00 with Sedgwick Claims Management, Inc. (Dublin, OH) to provide comprehensive FMLA administration for the Fulton County workforce effective upon BOC approval through December 31, 2021, with two renewal options. (APPROVED)					
Sponsors:						
Indexes:						
Code sections:						
Attachments:	1. EVAL	UATION COMMITTE	E RECOMMEND	ATION LETTER - Sedgwick, 2. CPf	₹	
Date	Ver. Ac	tion By	Ac	iion	Result	
9/1/2021	1 Bo	pard of Commissioner	s ap	prove	Pass	
Department Human Resou	rces Ma	nagement				

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

Request approval of a recommended proposal - Department of Human Resources Management, 20RFP0810B-EC, Family and Medical Leave (FMLA) Act Administration Services, in the amount of \$24,000.00 with Sedgwick Claims Management, Inc. (Dublin, OH) to provide comprehensive FMLA administration for the Fulton County workforce effective upon BOC approval through December 31, 2021, with two renewal options. (APPROVED)

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

In accordance with the Fulton County Purchasing Code Sections 102-374 and 102-375, all competitive sealed proposals shall be forwarded to the Board of Commissioners for approval.

Strategic Priority Area related to this item (If yes, note strategic priority area below)
Open and Responsible Government

Commission Districts Affected

All Districts	\boxtimes
District 1	
District 2	
District 3	
District 4	
District 5	
District 6	

File #: 21-0664, Version: 1

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: The Department of Human Resources Management requests approval of recommended proposal to provide comprehensive FMLA administration for Fulton County, beginning with the request for FMLA leave through the determination and expiration and/or exhaustion of the leave. The current FMLA administrator is the recommended vendor. The vendor will perform FMLA leave administration and management including, but not limited to, issuance of initial FMLA claim package and all other FMLA-related communications to employees; determination of FMLA leave eligibility; approval and denial of FMLA claims; verification of medical certification; and tracking of FMLA requests, absence and utilization.

Community Impact: There is no community impact.

Department Recommendation: The Department of Human Resources Management recommends approval.

Project Implications: There are no project implications.

Community Issues/Concerns: There are no community issues or concerns.

Department Issues/Concerns: There are no department issues or concerns.

Contract Modification This is a new procurement.

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

Contract Value: 24,000.00

Prime Vendor: Sedgwick Claim Management, Inc.

Location: Dublin, OH

County: Franklin County

Prime Value: \$24,000.00 or 100.00%

Subcontractor: None

Total Contract Value: \$24,000.00 or 100.00%

Total M/FBE Value: \$0.00

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

Exhibit 1: Evaluation Committee Recommendation Letter

Exhibit 2: Contractor Performance Report

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

File #: 21-0664, Version: 1			
Kenneth L. Hermon, Jr. Chief Human Resources Off Department of Human Reso 404.613.0923			
Contract Attached			
No			
Previous Contracts			
Yes			
Total Contract Value			
Original Approved Amount: Previous Adjustments: This Request: TOTAL:	\$24,000.00 \$24,000.00		
Grant Information Summ	nary		
Amount Requested: Match Required: Start Date: End Date: Match Account \$:			Cash In-Kind Approval to Award Apply & Accept
Fiscal Impact / Funding	Source		
Funding Line 1:			
100-215-2154-1160: Genera	al Parsonnal Profession	nal Se	arvicas

Key Contract Terms	
Start Date: 9/1/2021	End Date: 12/31/2021
Cost Adjustment: Not	Renewal/Extension Terms: To
Applicable.	renewal options

Overall Contractor Performance Rating:

Would you select/recommend this vendor again?

Yes

Report Period Start: Report Period End:

1/1/2020 8/31/2021 File #: 21-0664, Version: 1