



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: January 18, 2017

Department: Health Agenda Planning Date: Jan 12, 2017 Time required: 10 min

☐ Audio/Visual aids

Contact: Cydney Nestor, Team Supervisor Phone: 503-585-4911

Department Head Signature:


TITLE Public Partnerships LLC Agreement #1879, Amendment No. 5

Issue, Description & Background Public Partnerships LLC was awarded a contract resultant of Health Department RFP in May 2014 soliciting fiscal intermediary providers. The original term of the contract was July 1, 2014 through June 30, 2015, with the option of 4, one year renewals through June 30, 2019. The provider acts as fiscal intermediary for a variety of CAPS client based programs; Rent Subsidy, Rental Grant Assistance (RAP), Peer Stipends and Young Adult Rental Assistance Program (YRAP). Amendment No. 5 adds \$165,000 in additional funds allocated as follows; \$68,000 for the recently added YRAP and \$97,000 allocated to provide funds for ongoing fiscal intermediary services.

Financial Impacts: The original agreement through Amendment No. 4 is \$659,000. Amendment No. 5 adds \$165,000 in funds. The agreement's new total funding is \$824,000

Impacts to Department & External Agencies The Health Department anticipates no impact on other departments.

Options for Consideration:
1. Approve Amendment No. 5 to the Agreement # 1879
2. Deny approval of Amendment No. 5 to Agreement #1879
3. Take no action at this time.

Recommendation: The Health Department recommends approval of Amendment No. 5 to Agreement #1879.

List of attachments: Amendment No. 5 Agreement No. 1879

Presenter: Scott Richards, Interim Administrator

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Linda Wilson, lwilson@co.marion.or.us



Contract Review Sheet

Contract #: **1879**

Person Sending: **Linda Wilson**

Department: **Health**

Contact Phone #: **503-361-2792**

Date Sent: _____

☐ Contract ☒ Amendment # **5** ☐ Lease ☐ IGA ☐ MOU ☐ Grant (attach approved grant award transmittal form)

Title: **Provide CAPS Program fiscal intermediary services**

Contractor's Name: **Public Partnerships, LLC**

Term - Date From: **July 1, 2014**

Expires: **June 30, 2017**

Contract Total: **\$659,000.00**

Amendment Amount: **\$165,000.00**

New Contract Total: **\$824,000.00**

Source Selection Method: **RFP (attach transmittal)**

May 2014

Additional Considerations (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Board Order # _____ | <input type="checkbox"/> Feasibility Determination (attach approved form) |
| <input type="checkbox"/> Incoming Funds | <input type="checkbox"/> Federal Funds (attach sub-recipient / contractor analysis) |
| <input type="checkbox"/> Independent Contractor (LECS) approval date: _____ | <input type="checkbox"/> Reinstatement (attach written justification) |
| <input type="checkbox"/> Insurance Waiver (attach) | <input type="checkbox"/> Retroactive (attach written justification) |

Description of Services or Grant Award:

Public Partnerships LLC was awarded a contract resultant of Health Department RFP in May 2014 soliciting fiscal intermediary providers. The provider acts as fiscal intermediary for a variety of CAPS client based programs; Rental Assistance, Rental Grant Assistance (RAP), and Peer stipends services. Amendment 5 adds \$165,000 which includes \$68,000 for new FI services for MCHD's Young Adult Rental Assistance Program (YRAP), as a result of MCHD being awarded a grant (Board Order #16-51). The funding is included in OHA IGA #147798 Amendment 13.

FOR FINANCE USE

Date Finance Received: _____

BOC Planning Date: _____

Date Legal Received: _____

Comments: _____

REQUIRED APPROVALS:

Finance - Contracts

Date

Risk Manager

Date

Legal Counsel

Date

Chief Administrative Officer

Date

Date

☐ To be filed

☐ Added to master list

☐ Returned to _____ Department for _____ signatures

SAM Search Results
List of records matching your search for :
Functional Area: Entity Management
Record Status: Active, Inactive
Entity Name: PUBLIC PARTNERSHIPS, LLC
Location 1 - State: MASSACHUSETTS

ENTITY	PUBLIC PARTNERSHIPS LLC	Status:Inactive
DUNS: 032724887	+4:	CAGE Code: 6SCY7 DoDAAC:
Expiration Date: Oct 30, 2013	Has Active Exclusion?: No	Delinquent Federal Debt?: No
Address: 148 STATE ST FL 10	State/Province: MASSACHUSETTS	
City: BOSTON	Country: UNITED STATES	
ZIP Code: 02109-2510		



Marion County
OREGON

AMENDMENT #5 to the
CONTRACT FOR SERVICES No. 1879

between
MARION COUNTY and PUBLIC PARTNERSHIPS, LLC

This Amendment No. 5 to the Contract for Services (as amended from time to time, the "Contract"), dated July 1, 2014 through June 30, 2017 between Marion County, a political subdivision of the State of Oregon, hereafter called County, and Public Partnerships LLC, hereafter called Contractor.

The Contract is hereby amended as follows (new language is indicated by underlining and deleted language is indicated by brackets []):

3. PAYMENT OF CONTRACT

a. Contract amount

The sum of [\$659,000] \$825,000 is the maximum payment amount obligated by the COUNTY under this contract.

CONTRACT FOR SERVICES PART II

1. DESCRIPTION OF SERVICES:

CONTRACTOR shall provide Fiscal Intermediary Services for the following programs; Community Partnership PEER Stipends, CAPS Rental Grant (RAP Program), CAPS Rental Assistance Subsidy Program and CAPS Young Adult Rental Assistance Program (YRAP).

Except as expressly amended above, all other terms and conditions of the original contract are still in full force and effect. Contractor certifies that the representations, warranties and certifications contained in the original Contract are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

MARION COUNTY SIGNATURE

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner

Date

Authorized Signature: _____

Scott Richards
Scott Richards, Interim Administrator

1/4/16
Date

Authorized Signature: _____

Cary Moller
Cary Moller, Division Director

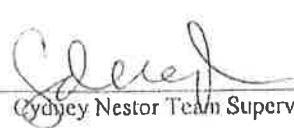
1/4/17
Date

Serv Code various Acct Code 505295

Authorized Signature: _____

Ryan Matthews
Ryan Matthews, ASD Director

12/29/16
Date


Authorized Signature:  12/29/16
Sydney Nestor Team Supervisor Date

Reviewed by Signature: _____
Chief Administrative Officer Date

Reviewed by Signature: _____
Marion County Legal Counsel Date

Reviewed by Signature: _____
Marion County Contracts & Procurement Date

PUBLIC PARTNERSHIPS LLC SIGNATURE

Authorized Signature:  Date: 12/27/2016
Title: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TGA Cross Insurance, Inc. 401 Edgewater Place, Suite 220 Wakefield, MA 01880 www.tgacross.com	CONTACT NAME: TGA Cross Insurance, Inc.	FAX (A/C, No): 781-246-2601	
	PHONE (A/C, No, Ext): 781-914-1000	E-MAIL ADDRESS: switchboard@tgacross.com	
INSURED Public Consulting Group, Inc. 148 State St., 10th fl. Boston MA 02109	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Executive Risk Indemnity Inc		35181
	INSURER B : Great Northern Insurance Company		20303
	INSURER C : Federal Insurance Company		20281
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 28628316

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> No Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		35855036	2/18/2016	2/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included EMP Ben \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73540440	2/18/2016	2/18/2017	\$ \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ N/A			79852604	2/18/2016	2/18/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	71724811	2/18/2016	2/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Claims Made			68023824 Retro Date: 2/27/1997	2/18/2016	2/18/2017	Each Claim/Aggregate: 5,000,000 Deductible: 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marion County, its officials, agents, employees and volunteers are included as Additional Insured for General Liability coverage shown but only with respect to the contractor's services to be provided under contract.

CERTIFICATE HOLDER

Marion County Oregon
Risk Management
555 Court Street NE
Salem OR 97309

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Thomas I Gregory

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ACORD 25 (2014/01)

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Liability Insurance

Endorsement

Policy Period FEBRUARY 18, 2016 TO FEBRUARY 18, 2017
Effective Date FEBRUARY 18, 2016
Policy Number 3585-50-36 BOS
Insured PUBLIC CONSULTING GROUP, INC.
Name of Company GREAT NORTHERN INSURANCE COMPANY
Date Issued FEBRUARY 23, 2016

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

Liability Endorsement

(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

*Other Insurance –
Primary, Noncontributory
Insurance – Scheduled
Person Or Organization*

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative

