



WASHOE COUNTY

Integrity Communication Service
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CM/ACM	<u> 5 </u>
Finance	<u> 5 </u>
DA	<u> - </u>
Risk Mgt	<u> - </u>
HR	<u> - </u>
Other	<u> - </u>

STAFF REPORT BOARD MEETING DATE: June 27, 2017

DATE: May 23, 2017
TO: Board of County Commissioners
FROM: Nancy Kerns Cummins, Washoe County Health District
 Fiscal Compliance Officer, 775-328-2419, nkcummins@washoecounty.us

THROUGH: Anna Heenan, Washoe County Health District
 Administrative Health Services Officer, 775-328-2417, aheenan@washoecounty.us

SUBJECT: Approve FY18 Purchase Requisition #3000033035 issued to Board of Regents – UNR School of Medicine (sole source) in the approximate amount of [\$110,205.00] for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District. (All Commission Districts)

SUMMARY

The Washoe Board of County Commissioners must approve purchase orders equal to or greater than \$100,000.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

The Board approved Purchase Requisition #3000030472 issued to Board of Regents - UNR School of Medicine in the approximate amount of \$100,000 on June 28, 2016.

BACKGROUND

The Health District is required by the Centers for Disease Control and Prevention (CDC) to use the public health lab for certain tests (Communicable Disease). Combined with the fact that a significant discount (approximately 50%) is offered to the Health District for Amplified Chlamydia/Gonorrhea Panel and Syphilis tests, this contract is considered a single source.

The Health District has been contracting with the Board of Regents for many years to provide these services. On occasion Quest Diagnostics is used for certain tests. An approved Sole Source Purchasing Request form is attached.

This requisition supports the laboratory testing in the various medical clinics of the District Health Department for FY18, and the expenditures were anticipated in the adopted budget in the various

medical clinic programs. The District Board of Health approved this requisition at their June 22, 2017 meeting.

FISCAL IMPACT

Should the Board approve this Purchase Requisition, there will be no additional impact to the adopted FY18 budget, as this amount was anticipated and included in the adopted budget in Cost Center 171300 for \$22,600 and Internal Order 10014 for \$18,000 (Sexual Health Programs); Cost Center 171400 for \$500 and Internal Order 10016 for \$7,105 (Tuberculosis Programs); Internal Order 11304 (Family Planning Grant Program) for \$48,000; Internal Order 10013 (HIV Prevention Grant Program) for \$12,000; and Cost Center 171700 (Communicable Disease Program) for \$2,000 in general ledger account 710721 (Outpatient).

RECOMMENDATION

Staff recommends that the Board of County Commissioners approve FY18 Purchase Requisition #3000033035 issued to Board of Regents – UNR School of Medicine (sole source) in the approximate amount of [\$110,205.00] for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve FY18 Purchase #3000033035 issued to Board of Regents – UNR School of Medicine (sole source) in the approximate amount of [\$110,205.00] for laboratory testing primarily in support of the medical clinic operations on behalf of the Community and Clinical Health Services Division of the Washoe County Health District.”

**WASHOE COUNTY
SOLE SOURCE PURCHASE REQUEST FORM**

This form must accompany a purchase requisition when sole source approval is requested for equipment, supplies or services exceeding \$25,000.

DEPARTMENT Health District -CCHS _____ LOCATION 1001 East Ninth Street _____

REQUESTOR'S NAME Steve Kutz TELEPHONE # 775-328-6159 _____

REQUISITION NUMBER _____ DATE 05/23/2017 _____

RECOMMENDED SOLE SOURCE SUPPLIER Board of Regents-UNR School of Medicine- Lab services

DESCRIPTION OF GOOD OR SERVICE REQUESTED Lab services _____

I have read and understand the Policies and Procedures of the Board of County Commissioners with regard to sole source procurement. I understand that competition is the predominant consideration in the expenditure of County funds and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, or other vendor specified in the accompanying requisition fit the County's sole source criteria for the following reasons. Please provide sufficient detail to clearly identify the reasons for this sole source procurement request. Attach additional information if necessary.

() 1. The product is unique in design and/or features that are required for a specific application. List the unique features and explain why they are needed for the application the product will be used for.

() 2. The product being purchased must be compatible with existing equipment. Identify the existing equipment.

() 3. The product requested is one which the user has had specialized training for. Identify who the user of this product will be and provide a description of the previous training.

() 4. The product or service is available only from the manufacturer or their authorized representative. Identify the manufacturer or authorized representative, and provide telephone number and address information.

() 5. Consultants/Subcontractors: The individual/company is the most suitable to provide the service requested and the selection process is based on the following:

() There is evidence that the assistance to be provided is essential and cannot be provided by persons receiving salary support within Washoe County.

() A selection process was utilized to select the most qualified person.

() The consulting charges are appropriate considering the qualifications of the consultant or company based on past experience and the nature of the work to be performed.

(x) 6 Other. Please explain the specific circumstances and/or requirements that warrant the goods or services request to be procured from a sole source.

The Washoe County Health District has contracted with Nevada Systems of Higher Education, Board of Regents, University of Nevada, Reno Public Health Laboratory for many years. As such, this laboratory is familiar with reporting requirements and submission of testing results per the Centers for Disease Control and Prevention (CDC) Nevada Revised Statutes (NRS) and other regulatory requirements.

(x) 7 The following provides justification as to reasonableness of price:

The Washoe County Health District is required by the CDC to use the public health laboratory for certain tests (communicable diseases). Combined with the substantial discount provided to us for Amplified Chlamydia, Amplified Gonorrhea and Syphilis tests including the provision of certain tests at no costs the public health laboratory is considered a sole source for the Washoe County Health District. The discount pricing reflects a 60% discount on Amplified Chlamydia/Gonorrhea tests and a 47% discount on Syphilis tests fees which equate to a potential of \$42,000 in savings annually.

I understand that I may be required to justify this sole source procurement before the appropriate authority including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.

Signature of Buyer

Department Head Approval

Print Name

I, _____, authorized Buyer, recommend the following

() Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115.

() Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332 _____.

() Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

Buyer

Melanie Lopez

Purchasing & Contracts
Manager

Date

6/8/17
Date



WASHOE COUNTY

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CM/ACM	✓
Finance	✓
DA	-
Risk Mgt	-
HR	-
Other	-

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DESCRIPTION OF GOOD OR SERVICE REQUESTED Lab services

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Signature of Instructor

Department Head Approval

Print Name

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Melanie Lopez

Purchasing & Contracts
Manager

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