

HEALTH DISTRICT 2

PURCHASING & INVENTORY POLICIES AND PROCEDURES

POLICY #190

Revised 8-1-13

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PURCHASING POLICIES AND PROCEDURES

POLICY:

All purchasing activity in the Health District 2 is the responsibility of the Administration Services Section. The Division will develop necessary forms and procedures to conduct purchasing activity in accordance with Georgia law, the Department of Public Health Grants-to-Counties Policy and Procedure Manual, and the Public Health Master Agreement.

PROCEDURES:

- A. The County Office Managers and Program Managers over the district 2 health departments will oversee all county purchases for their Health Department in order to track and maintain the County Board of Health or Program Approved Budget.
- B. The Purchase Requisition Form will be signed and dated by the person initiating the purchase. A copy will be kept by the area requesting the purchase while the original shall be given to the Health Department Office Manager or Program Manager for approval.
- C. The office manager or program manager will review the purchase requisition for completeness and to make sure that the purchase is within budget constraints. The office manager must sign (No Initials) and date to approve the requisition.
- D. The purchasing agent for the county or program then fills out the Purchase Order (inputting all items on the purchase order that are listed on the Purchase Requisition). The purchase order cannot say "see purchase requisition". A PO number is assigned to at the time of purchase. If the purchasing agent is the Office Manager or Program Manager then a second person must sign the Purchase Order after the order is placed.
- E. The Operating Center will receive materials, supplies and equipment ordered. A third person who has not had anything to do with the order must be the one to check the order to the packing slip. Once that is completed then that person will sign and date the packing slip. (If there is no packing slip, a copy of the Purchase order must be used to check in the receivables). The words "No Packing slip received" must be written on the purchase order and signed and dated by the individual who was checking in the package. The PO is then given to the purchasing agent and placed with the remaining paperwork until the Invoice is received.
- F. When the invoice is received and opened it is date stamped and initialed by whoever has opened the mail. The Invoice is placed with the rest of the paperwork to be given to the Office Manager or Program Manager who must make sure that all items were those approved from the requisition order as well as the Purchase order. The Program or Office Manager will then write "Approved for Payment" they will sign and date the invoice.

The Operating Center for each County will be that County's Board of Health Department. The Operating Centers for Hall County Board of Health will be the Hall County Health Department and Hall County Environmental Health Section. The operating centers of the Health District 2 will be Children With Special Needs and the District Health Office.

| | |
|-----------------------------|----------------------------------------------------------------------------------------------------------|
| OPERATING CENTERS: | Initiate purchases by completing requisition form. |
| PURCHASING AGENT: | Reviews purchase requisitions for completeness and conducts procurement activity. |
| VENDOR: | Delivers purchased items and sends invoice to Administration Services Section or Operating Center. |
| OPERATING CENTER: | Confirms receipt of purchased items sends packing slip and a copy of Purchase Order to purchasing agent. |
| DIVISION OF ADMINISTRATION: | Sends each Program Coordinator/Office Manager an Income & Expenditure Report on a monthly basis. |

II. OPERATING CENTERS:

- A. Any purchases made outside the following procedures are prohibited and may become the financial responsibility of (i.e., paid by) the individual allowing or approving the purchase/work. The Program Coordinator, Nurse Manager, or Environmental Health Manager who authorizes the purchase requisition is responsible for:
1. Insuring that the operating budget has sufficient funds in the proper line item with which to make the purchase and conforms to the budgeted line item on the Revenue and Expenditure Report.
 2. Making sure that the purchase requisition is properly completed and that the item description is as exact as possible (size, quantity, color, material, model number and approximate cost, etc).
 3. Forwarding completed purchase requisition signed by initiator and Program Coordinator, Nurse Manager, or Environmental Health Manager to the purchasing agent of the Administration Services Section or your operating center, retaining a copy of the purchase requisition.
 4. Purchasing can only be made by the Purchasing Agent or Office Manager. This can be done in conjunction with appropriate staff designated by the manager authorizing the purchase.
 5. Sites should maintain a three month operating supply of all items (Exceptions will be approved by the Clinical Coordinator or Program Manager and the Director of Administration or their designee).
 6. Emergency purchases will follow procedures on page 7.

B. ADMINISTRATION SERVICES SECTION:

Purchase requisitions will be sent to the purchasing agent of the Administration Services Section or operating center. The purchasing agent will review the purchase requisition to make sure that:

1. Appropriate authorized office manager and or program coordinators full signatures and a date are present.
2. Purchase requisition is complete, including description of items and estimated prices.
3. A Purchasing Instruction Sheet is available from the Purchasing Agent. If the purchase requisition is not complete it will be returned.

III. PROCUREMENT PROCESS:

- A. The Director for Administration is the designated purchasing coordinator for the Board of Health procedures within the framework of State law, policies and procedures. All procurement transactions shall be conducted in the manner so as to provide maximum open and free competition. The purchasing agent is charged with obtaining the best price and delivery terms for the level of quality needed on products purchased. When contracted terms (delivery, pricing, and quality) are advantageous, items will be purchased by using Federal GSA (General Services Administration) contracts, state contracts, county contracts, or contracts owned by the Board of Health.
- B. The purchasing agent has full authority for purchases and can question the quality, quantity, and kind of material requested in order that the best interest may be served. When it appears to the agent that there would be a benefit by the procurement of materials or equipment different from that shown on the purchase requisition, a recommendation will be forwarded to the Program Manager, Nurse Coordinator, or Environmental Health Manager.
- C. All equipment purchased over \$1,000 with a life of more than 3 years must have an inventory tag assigned and attached to said piece of equipment. These tags will be assigned by the purchasing agent. (Excludes electronics, computers, printers, and cameras over \$250, which will be included in inventory).
- D. All contracts will adhere to the DOAS Purchasing Manual State of Georgia Contract Administration Guide, which can be found at <http://doas.ga.gov/StateLocal/SPD/Seven/Pages/Home.aspx>, and the DCH Public Health contract template (see Contracts) and must be approved by the Program Coordinator, Nurse Manager or Environmental Health Manager and the Administrator. These contracts should not be entered into for more than one year and if possible should run concurrently with fiscal year. They should be bid out every year, and leases should be bid out at the end of the lease. Audit contracts

should be bid out every three years.

Types of contracts:

- Janitorial
- Service
- Lease - (with option to buy)
- Lease - Purchase
- Rental - CWSN Building
- Third Party Service Providers
- Independent Contractors 1099's
- Any and all re-occurring purchasing, HR Services, Labs,
- Audits

E. Once a contract is agreed upon two original copies will be signed. One copy will go to the contractor and the second will be maintained at the District Office with the District Administrator. A copy should be made to keep at the specific county office.

IV. **BIDDING:**

A. The purchasing Agent should develop bid specifications on all goods used by the Board of Health sites that are not available through State Contracts, DOAS, GSA Contracts or County Contracts. The purchasing agent will select a vendor in the following manner:

Purchase up to \$1,000 (Before Shipping & Handling)

Purchasing agent will exercise judgment as to vendors.

Purchases \$1,000 to \$5,000 (Before Shipping & Handling)

Written quotations from no less than three vendors will be supplied with the Purchase Requisition form.

Purchases \$5,000 to \$20,000 (Before Shipping & Handling)

Written, sealed bids will be solicited through advertising on these purchases. Copies of Bonding, Business license and liability insurance must accompany contracts for services.

Purchases over \$20,000 (Before Shipping & Handling)

The request for sealed bids will be referred to the Director for Administration. Copies of bonding, business license, and liability insurance must accompany contracts for services.

B. **Written Bids:** The purchasing agent will make sure that at least three written bids are secured for the purchase. These bids will include item(s) being bid with full description, price and delivery terms.

- C. Sealed Bids: Sealed bids will be solicited from vendors by the purchasing agent. Sealed Bids will be returned by vendors to the Director of Administration. Bid openings will be held at the District Health Office or Operating Center at the preselected time and date, which are designated on the bid announcement. Vendors will be permitted to attend the bid opening and examine the bids of other vendors.
- D. Although specific dollar amounts requiring sealed bids are established elsewhere in this procedure, the Director of Administration (or his/her designee) and the purchasing agent may choose to use the sealed bid process for lesser amounts when they believe it to be in the best interest of the Board of Health. All pre and post award documentation will be filed with the purchasing records in the paid bills file in Accounting.
- E. Sealed bids will be opened by the Director of Administration, his designee, or the purchasing agent. Names of vendors and amounts bid will be abstracted from the bids at the opening and recorded in writing.
- G. Sole source vendors: **Written documentation from the vendor is mandatory.**
- H. Delivery terms are to be established on each purchase order. Should a vendor not deliver goods in compliance with specified terms, the next lowest bidder will be awarded the bid.
- V. **AWARDS OF PURCHASE ORDERS**
- Awards of purchase orders will be made by the purchasing agent for all purchases under \$20,000.
- A. Awards of amounts above \$20,000 are to be made by the Director of Administration his or her designee. In all cases where bids are obtained, the award will be made to the bidder who is responsive to the invitation and whose bid is most advantageous to the Board of Health.
- B. The purchasing agent will maintain a vendor list for the purpose of soliciting oral and written. All vendors requesting to be on this list will be included.
- C. Purchase orders are awarded based on the criteria outlined in this procedure. A vendor will be selected for each purchase and the purchasing agent will issue a purchase order to the successful bidder. The purchase order serves as an obligation for the purchase.

VI. PURCHASE REQUESTS TO INVOICES

The process that should be followed:

1. Any Staff member can create a purchase request for items.

2. Program Coordinators and Office Managers Must Sign “Using Full Signature and Date NO initials” to approve the purchase requests.

3. The Purchase Request is handed to the appropriate purchasing person for example (either: Sheila Hadden, Megan Hull, Penny Dockery or the appropriate designated purchaser.) who orders the items.

Note: The person who fills out the purchase request cannot place the order

4. When the items are received, someone, a third person who did not do any of the 3 items above Must receive the shipment, they will check the items with the packing slip, sign and date the packing slip “USING THE FULL SIGNATURE AND DATE”.

Note: If there is no Packing slip, the words “NO PACKING SLIP” along with the signature and date are then placed on the Invoice by the person who received and verified the shipment.

5. **COUNTIES ONLY:** If the order originated from one of the county offices the paperwork is gathered and placed together as follows: (The Purchase Request, Purchase Order, Packing Slip, or Receipt, and the Invoice) are stapled together checked by the Office Manager who makes sure that the above four actions have happened. The office manager will write or stamp “approved for payment” on the original invoice it is then signed and dated then sent to the district office for payment.

6. **PROGRAMS AND DISTRICT:** Follow Steps 1 – 4 above. The above paperwork is placed together by the appropriate purchasing agent. The Purchasing agent will check to make sure all of the appropriate signatures and dates are included in the paperwork. **DISTRICT:** The Program Coordinators will be able to come to the front desk where Sheila Hadden will have their Invoices ready for them to review Sign and date by Thursday of each week. If the designated time does not work for any reason please schedule a time to sign off on Invoices.

7. Once the Invoices have been signed by the Program Coordinators and it is checked it is handed back to Sheila Hadden who will then turn the paperwork into the appropriate AP for payment.

A. The purchasing agent, after completed order is received, will forward to accounts payable the following:

1. Invoice from vendor.
2. Packing slip with completed received stamp.
3. Copy of Purchase Order.
4. Copy of requisition.
5. Copies of bids when applicable.
6. Other necessary documentation.

These documents must be in this sequence.

No payments will be made for partial shipment.

If the Invoice and the proceeding paperwork is returned to either the Program Coordinators or the Office managers and there is a late fee that will be applied then the Program Coordinator or the Office manager must provide a written statement that they are aware of the fees and that they will be held accountable.

All other documentation should be retained by the purchasing agent in an orderly fashion. All notebooks retaining these documents will be kept by fiscal year. (July 1st - June 30th).

- B. As of January 1st 2013 there will be no orders allowed that require pre-payment. Except for those that are allowed under certain Programmatic Guidelines as described under that programs ANEX.
- C. There may be certain circumstances where under specific areas there is not a choice to either retain a contract or to pre-pay for a specified item or service. Under these circumstances there must be a written statement explaining why pre-payment must be made and it is under the approval of the district administrator and the guidelines set up for each specific case. These are made on a case by case basis only.
 - 1. The purchase order and order form, if any, should be forwarded to the district administrator with a written statement and explanation requesting prepayment. The district administrator will follow up within 3 business days with an answer and written instructions that must be followed on a case by case basis.
 - 2. If approved the district administrator will sign and place copies of instructions with a copy of the purchase order for records.
 - 3. A copy of the purchase order will be attached to a check and mailed to vendor.
 - 4. The accounts payable section will hold purchasing documentation for packing slip. The accounts payable section will compare receiving copy with the original of the purchase order. If all comparisons agree accounts payable section will file transaction for audit.

VIII. EMERGENCY PURCHASES:

- A. An emergency exists if:
 - 1. There is a failure of equipment, computer hardware, natural disaster such as roof leaks due to damage, or any malfunction beyond the control of employees.
 - 2. There is a shortage of supplies, materials or any article necessary for continued service delivery. Shortage of supplies may or may not be acceptable.

- a. Not acceptable - Improper ordering therefore not maintaining proper shelf supply.
 - b. Acceptable - outbreak situations where normal shelf supply is not adequate.
- B. The Program Coordinator, Nurse Manager, or Environmental Health Manager or (his or her) designee must obtain approval before making a purchasing commitment for emergencies.
 - 1. A list of the names of staff designated by the Program Coordinator/Nurse Principal or Environmental Supervisor to obtain prior approval will be maintained in the purchasing agent's office.
 - 2. Only those named individuals will be allowed to obtain emergency purchase approval.
- C. Emergency purchases under \$1,000 will require the approval of the Office manager, or (his or her) designee.
- D. Emergency purchase of goods and services over \$1,000 will require the approval of the Director of Administration.
- E. Emergency purchases after regular working hours:
 - 1. Each Board of Health facility will designate a person(s) (Office Manager or Nurse Manger and alternate (s)) to be notified in situations where emergency purchases may be required.
 - 2. The names and telephone number of these designated individuals will be located in an accessible area (Emergency Contact list) of each facility.
 - 3. In all emergency purchasing situations, a letter of justification prepared by the originator of the request and stating the specific circumstances, is required and must be forwarded with all related invoices, packing slips, delivery tickets, bills of lading, etc., to the Office Manager or Director of Administration or their designee.

IX. PURCHASING FROM PETTY CASH:

- A. Petty cash purchases should be an immediate need purchase determined by the Office Manager. Any purchases that can, must go through the regular purchasing procedures. These procedures should be limited to \$200. Any purchasing that exceeds \$200 must go through the regular purchasing procedures. Petty cash should be reconciled on a monthly basis.
- B. To obtain a petty cash reimbursement, the purchase must be approved by Office Manager. Once approved, a copy of the Georgia sales tax exemption form is to be given to the purchaser to submit to the vendor. Once the purchase is made an original receipt will be given to the Office Manager. The

Office Manager should reimburse employee for cost of purchase not including sales tax. The Office Manager and employee should sign petty cash receipt. The Office Manager will send the signed petty cash receipt and the original receipt to District Accounting for reimbursement.

- C. Other types of purchases made by employees with their own funds must be authorized and submitted for payment on a Travel Reimbursement Form to Accounting. Instructions for this form are available from the Accounting Department.

X. SOLE SOURCE / SOLE BRAND PURCHASE:

- A. The purchasing agent will review each request and decide if it is in the best interest of the department. Sole source procurement is appropriate when the item is available only from one vendor (examples are some drugs, vaccines, psychological testing materials, replacement parts for laboratory instrument, modification of a computer program by the company which originally developed the program). **Written documentation from the vendor is mandatory.**
- B. Justification must be submitted with the Purchase Requisition for a Sole Brand purchase. This should include where and how the item or service is to be used. Explain why only a particular style, type or manufacturer is acceptable. An example would be "to match existing uniforms."

Note: All purchase requisitions should be processed within 5 days of receipt. Processing timeframe for accounts payable is the end of each week after receipt of all necessary paperwork.

"All procurement procedures shall be conducted in a manner that provides maximum open and free competition and shall not be in conflict with Title 45, Section 74, Subpart C, Procurement Standards 74.40-74.48 of the Code of Federal Regulations (45 CFR 74.40-74.48)." Please see copy of Codes attached. With regard to Contract Administration: Please refer to the following template and instructions. Agreements should be printed on current letterhead.

David N. Westfall M.D., M.P.H., C.P.E.

Date

I have read and understand the North Health District #2 Purchasing Policy#190 Revised 8-1-13

CONTRACT BETWEEN
 <ENTER CBOH NAME>
 AND
 <ENTER CONTRACTOR LEGAL NAME>
 FOR
 <Insert short description of Contract>

WHEAREAS, this Contract is made and entered into by and between [ENTER THE NAME OF CBOH] ("Board") and [ENTER THE NAME OF PARTY B] ("Contractor");

WHEAREAS, it is the purpose of this Agreement to [ENTER THE PURPOSE OF THIS CONTRACT];

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

A. DUTIES OF BOARD:

- 1.
- 2.
- 3.

B. DUTIES OF CONTRACTOR:

- 1.
- 2.
- 3.

C. REMUNERATION

1. Payment will be made in the amount of _____ from budget _____. *(Include conditions such as upon invoicing, number of disbursements, etc.)*
2. Funds may not be used for _____.

D. AUDIT

The Contractor agrees to supply and make available all records required by the Board in complying with the Single Audit Act of 1984, or other state, federal, or locally required audits. Should an audit exception be made against a prior or current contract, the Contractor agrees to repay the Board the total amount of the exception identified.

E. TERM & TERMINATION

1. This Agreement shall have an effective beginning date of ____, and shall remain in effect until ____, unless terminated earlier. Either party may terminate this Agreement by providing the other with thirty days' prior written notice.
2. This contract will terminate immediately and absolutely at such time as funds are no longer available to satisfy the obligations of the Board under the contract.

F. CONFIDENTIALITY REQUIREMENTS

1. The Parties to this Agreement also agree to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its amendments, rules, procedures, and regulations. The Parties to this Agreement acknowledges that HIPAA may require the Parties to this Agreement to sign a Business Associate Agreement or other documents for compliance purposes, including but not limited to a Business Associate Agreement.
2. The Parties also agree to sign and comply with Attachment A.

G. LOBBYING PROHIBITION

The Contractor agrees that no funds provided through this contract will be used for lobbying activities, to influence legislation, or for related purposes.

H. CONFLICT RESOLUTION

Except for the right of either party to apply to a court of competent jurisdiction for a temporary restraining order or other provisional remedy to preserve the status quo or prevent irreparable harm, the parties agree to attempt in good faith to promptly resolve any dispute, controversy or claim arising out of or relating to this Contract, including but not limited to payment disputes, through negotiations between senior management of the parties.

I. NOTICE

All notices under this Contract shall be deemed duly given upon delivery, if delivered by hand, or three calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party hereto at the addresses set forth below or to such other address as a party may designate by notice pursuant hereto.

FOR BOARD:

FOR CONTRACTOR:

J. AMENDMENT IN WRITING

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either Party unless confirmed in writing executed by both Parties.

K. CONTRACT ASSIGNMENT

The Parties to this Agreement shall not assign this Contract, in whole or in part, without the prior written consent of the Georgia Department of Public Health, and any attempted assignment not approved by the Department shall be of no force or effect.

L. SEVERABILITY

A determination that any provision of this Contract is not fully enforceable shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.

M. ENTIRE AGREEMENT

This Contract constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding or of effect between the Parties.

IN WITNESS WHEREOF, the Parties state and affirm that they are duly authorized to bind the respected entities designated below as of the day and year indicated.

BOARD:

BY: _____
 PRINTED NAME:
 TITLE:

CONTRACTOR:

BY: _____
 PRINTED NAME:
 TITLE:

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement, effective this _____ day of _____, _____ is made and entered into by and between the **[ENTER THE NAME OF CBOH]** (hereinafter "CBOH") and **[ENTER THE NAME OF CONTRACTOR]** (hereinafter "Associate") as Attachment A to Contract No. _____ between CBOH and Associate dated _____.

WHEREAS, CBOH is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to enter into a Business Associate Agreement with certain entities that provide functions, activities, or services involving the use of Protected Health Information ("PHI");

WHEREAS, Associate, under Contract No. _____, may provide functions, activities, or services involving the use of PHI;

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, CBOH and Associate hereby agree as follows:

1. Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Privacy Rule and the Security Rule, published as the Standards for Privacy and Security of Individually Identifiable Health Information in 45 C.F.R. Parts 160 and 164.
2. Except as limited in this Agreement, Associate may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy Rule or the Security Rule, if done by CBOH.
3. Unless otherwise Provided by Law, Associate agrees that it will:
 - a. Not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement, the Contract, or as required by law.
 - b. Establish, maintain and use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement or the Contract.
 - c. Implement and use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of CBOH.

- d. Mitigate, to the extent practicable, any harmful effect that may be known to associate from a use or disclosure of PHI by Associate in violation of the requirements of this Agreement, the Contract or applicable regulations.
- e. Ensure that its agents or subcontractors are subject to at least the same obligations that apply to Associate under this Agreement and ensure that its agents or subcontractors comply with the conditions, restrictions, prohibitions and other limitations regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Associate under this Agreement and the Contract.
- f. Ensure that its agents and subcontractors, to whom it provides protected health information, agree to implement reasonable and appropriate safeguards to protect the information.
- g. Report to CBOH any use or disclosure of PHI that is not provided for by this Agreement or the Contract and to report to CBOH any security incident of which it becomes aware. Associate agrees to make such report to CBOH in writing in such form as CBOH may require within three (3) business days after Associate becomes aware of the unauthorized use or disclosure or of the security incident.
- h. Make any amendment(s) to PHI in a Designated Record Set that CBOH directs or agrees to pursuant to 45 CFR 164.526 at the request of CBOH or an Individual, within five (5) business days after request of CBOH or of the Individual. Associate also agrees to provide CBOH with written confirmation of the amendment in such format and within such time as CBOH may require.
- i. Provide access to PHI in a Designated Record Set, to CBOH upon request, within five (5) business days after such request, or, as directed by CBOH, to an Individual. Associate also agrees to provide CBOH with written confirmation that access has been granted in such format and within such time as CBOH may require.
- j. Give the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or the Secretary's designees access to Associate's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of CBOH within five (5) business days after the Secretary or the Secretary's designees request such access or otherwise as the Secretary or the Secretary's designees may require. Associate also agrees to make such information available for review, inspection and copying by the Secretary or the Secretary's designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to the Secretary or the Secretary's designees in such

form, format or manner as the Secretary or the Secretary's designees may require.

- k. Document all disclosures of PHI and information related to such disclosures as would be required for CBOH to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- l. Provide to CBOH or to individual, information collected in accordance with Section 3. i. of this Agreement, above, to permit CBOH to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy Rule.

4. Unless otherwise Provided by Law, CBOH agrees that it will:

- a. Notify Associate of any new limitation in CBOH's Notice of Privacy Practices in accordance with the provisions of the Privacy Rule if, and to the extent that, CBOH determines in the exercise of its sole discretion that such limitation will affect Associate's use or disclosure of PHI.
- b. Notify Associate of any change in, or revocation of, permission by an Individual for CBOH to use or disclose PHI to the extent that CBOH determines in the exercise of its sole discretion that such change or revocation will affect Associate's use or disclosure of PHI.
- c. Notify Associate of any restriction regarding its use or disclosure of PHI that CBOH has agreed to in accordance with the Privacy Rule if, and to the extent that, CBOH determines in the exercise of its sole discretion that such restriction will affect Associate's use or disclosure of PHI.
- d. Prior to agreeing to any changes in or revocation of permission by an

Individual, or any restriction, to use or disclose PHI as referenced in subsections b. and c. above, CBOH agrees to contact Associate to determine feasibility of compliance. CBOH agrees to assume all costs incurred by Associate in compliance with such special requests.

5. The Term of this Agreement shall be effective as of _____, and shall terminate when all of the PHI provided by CBOH to Associate, or created or received by Associate on behalf of CBOH, is destroyed or returned to CBOH, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

- a. Termination for Cause. Upon a material breach by Associate, CBOH shall either:

- (1) Provide an opportunity for Associate to cure the breach within 30 days after receiving written notification of the breach by CBOH, and, if Associate fails to cure the breach, terminate the contract upon thirty days' notice; or
- (2) If neither termination nor cure is feasible, CBOH shall report the violation to the Secretary of the Department of Health and Human Services.

b. Effect of Termination

- (1) Upon termination of this Agreement, for any reason, CBOH and Associate shall determine whether return of PHI is feasible. If return of the PHI is not feasible, Associate agrees to continue to extend the protections of Sections 3 (A) through (J) of this Agreement and applicable law to such PHI and limit further use of such PHI, except as otherwise permitted or required by this Agreement, for as long as Associate maintains such PHI. If Associate elects to destroy the PHI, Associate shall notify CBOH in writing that such PHI has been destroyed and provide proof, if any exists, of said destruction. This provision shall apply also to PHI that is in the possession of subcontractors or agents of Associate. Neither Associate nor its agents nor subcontractors shall retain copies of the PHI.
- (2) Associate agrees that it will limit its further use or disclosure of PHI only to those purposes CBOH may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional actions as CBOH may require for the protection of patient privacy and the safeguarding, security and protection of such PHI.
- (3) If neither termination nor cure is feasible, CBOH shall report the violation to the Secretary. Particularly in the event of a pattern of activity or practice of Associate that constitutes a material breach of Associate's obligations under the Contract and this agreement, CBOH shall invoke termination procedures or report to the Secretary.
- (4) Section 5. B. of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

6. Interpretation. The Agreement shall be interpreted to permit CBOH to comply with applicable laws, rules and regulations, the HIPAA Privacy Rule, the HIPAA Security Rule and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable laws, rules and regulations and the laws of the State of Georgia shall supersede the Privacy Rule if, and to the extent that, they impose additional requirements, have requirements, provide greater protection of patient privacy or the security or

safeguarding of PHI than those of the HIPAA Privacy Rule.

- 7. All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Agreement, shall remain in full force and effect.

IN WITNESS WHEREOF, Associate, through its authorized officer and agent, has caused this Agreement to be executed on its behalf as of the date indicated.

Individual's Name: (typed or printed): _____

* Signature: _____ Date: _____

Title: _____

Telephone No.: _____ Fax No. _____

Company or Agency Name and Address: _____

<ENTER CBOH NAME>

AND

<ENTER CONTRACTOR LEGAL NAME>

FOR

<Insert short description of Contract>

WHEAREAS, this Contract is made and entered into by and between **[ENTER THE NAME OF CBOH]** ("Board") and **[ENTER THE NAME OF PARTY B]** ("Contractor");

WHEAREAS, it is the purpose of this Agreement to **[ENTER THE PURPOSE OF THIS CONTRACT]**;

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

A. DUTIES OF BOARD:

- 1.
- 2.
- 3.

B. DUTIES OF CONTRACTOR:

- 1.
- 2.
- 3.

C. REMUNERATION

1. Payment will be made in the amount of _____ from budget _____ for fiscal year _____. Payment will be made in the amount of _____ from budget _____ for fiscal year _____. (Repeat as needed. If not changing, you can list each fiscal year on one line.). *(Include conditions such as upon invoicing, number of disbursements, etc.)*

2. Funds may not be used for _____.

3. No funds will be paid beyond the current fiscal year, whether execution or renewal.

D. AUDIT

The Contractor agrees to supply and make available all records required by the Board in complying with the Single Audit Act of 1984, or other state, federal, or locally required audits. Should an audit exception be made against a prior or current contract, the Contractor agrees to repay the Board the total amount of the exception identified.

E. TERM & TERMINATION

1. This Agreement shall have an effective beginning date of _____, and shall remain in effect until _____, unless terminated earlier. Either party may terminate this Agreement by providing the other with thirty days' prior written notice.
2. This agreement may be renewed annually for up to five years upon written notice for the _____ County Board of Health, _____ Program to _____ (Provider). Such notification will be given no more than 60 days and no less than 10 days before the end of each current fiscal year.
3. This contract will immediately and absolutely at such time as funds are no longer available to satisfy the obligations of the Board under the contract.

F. CONFIDENTIALITY REQUIREMENTS

1. The Parties to this Agreement also agree to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its amendments, rules, procedures, and regulations. The Parties to this Agreement acknowledges that HIPAA may require the Parties to this Agreement to sign a Business Associate Agreement or other documents for compliance purposes, including but not limited to a Business Associate Agreement.
2. The Parties also agree to sign and comply with Attachment A.

G. LOBBYING PROHIBITION

The Contractor agrees that no funds provided through this contract will be used for lobbying activities, to influence legislation, or for related purposes.

H. CONFLICT RESOLUTION

Except for the right of either party to apply to a court of competent jurisdiction for a temporary restraining order or other provisional remedy to preserve the status quo or prevent irreparable harm, the parties agree to attempt in good faith to promptly resolve any dispute, controversy or claim arising out of or relating to this Contract, including but not limited to payment disputes, through negotiations between senior management of the parties.

I. NOTICE

All notices under this Contract shall be deemed duly given upon delivery, if delivered by hand, or three calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party hereto at the addresses set forth below or to such other address as a party may designate by notice pursuant hereto.

FOR BOARD:

FOR CONTRACTOR:

J. AMENDMENT IN WRITING

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either Party unless confirmed in writing executed by both Parties.

K. CONTRACT ASSIGNMENT

The Parties to this Agreement shall not assign this Contract, in whole or in part, without the prior written consent of the Georgia Department of Public Health, and any attempted assignment not approved by the Department shall be of no force or effect.

L. SEVERABILITY

A determination that any provision of this Contract is not fully enforceable shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.

M. ENTIRE AGREEMENT

This Contract constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding or of effect between the Parties.

IN WITNESS WHEREOF, the Parties state and affirm that they are duly authorized to bind the respected entities designated below as of the day and year indicated.

BOARD:

CONTRACTOR:

BY: _____
PRINTED NAME:
TITLE:

BY: _____
PRINTED NAME:
TITLE:

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement, effective this _____ day of _____, _____ is made and entered into by and between the **[ENTER THE NAME OF CBOH]** (hereinafter "CBOH") and **[ENTER THE NAME OF CONTRACTOR]** (hereinafter "Associate") as Attachment A to Contract No. _____ between CBOH and Associate dated _____.

WHEREAS, CBOH is required by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), to enter into a Business Associate Agreement with certain entities that provide functions, activities, or services involving the use of Protected Health Information ("PHI");

WHEREAS, Associate, under Contract No. _____ may provide functions, activities, or services involving the use of PHI;

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, CBOH and Associate hereby agree as follows:

1. Terms used but not otherwise defined in this Agreement shall have the same meaning as those terms in the Privacy Rule and the Security Rule, published as the Standards for Privacy and Security of Individually Identifiable Health Information in 45 C.F.R. Parts 160 and 164.
2. Except as limited in this Agreement, Associate may use or disclose PHI only to extent necessary to meet its responsibilities as set forth in the Contract provided that such use or disclosure would not violate the Privacy Rule or the Security Rule, if done by CBOH.
3. Unless otherwise Provided by Law, Associate agrees that it will:
 - a. Not request, create, receive, use or disclose PHI other than as permitted or required by this Agreement, the Contract, or as required by law.
 - b. Establish, maintain and use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement or the Contract.
 - c. Implement and use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of CBOH.

- d. Mitigate, to the extent practicable, any harmful effect that may be known to associate from a use or disclosure of PHI by Associate in violation of the requirements of this Agreement, the Contract or applicable regulations.
- e. Ensure that its agents or subcontractors are subject to at least the same obligations that apply to Associate under this Agreement and ensure that its agents or subcontractors comply with the conditions, restrictions, prohibitions and other limitations regarding the request for, creation, receipt, use or disclosure of PHI, that are applicable to Associate under this Agreement and the Contract.
- f. Ensure that its agents and subcontractors, to whom it provides protected health information, agree to implement reasonable and appropriate safeguards to protect the information.
- g. Report to CBOH any use or disclosure of PHI that is not provided for by this Agreement or the Contract and to report to CBOH any security incident of which it becomes aware. Associate agrees to make such report to CBOH in writing in such form as CBOH may require within three (3) business days after Associate becomes aware of the unauthorized use or disclosure or of the security incident.
- h. Make any amendment(s) to PHI in a Designated Record Set that CBOH directs or agrees to pursuant to 45 CFR 164.526 at the request of CBOH or an Individual, within five (5) business days after request of CBOH or of the Individual. Associate also agrees to provide CBOH with written confirmation of the amendment in such format and within such time as CBOH may require.
- i. Provide access to PHI in a Designated Record Set, to CBOH upon request, within five (5) business days after such request, or, as directed by CBOH, to an Individual. Associate also agrees to provide CBOH with written confirmation that access has been granted in such format and within such time as CBOH may require.
- j. Give the Secretary of the U.S. Department of Health and Human Services (the "Secretary") or the Secretary's designees access to Associate's books and records and policies, practices or procedures relating to the use and disclosure of PHI for or on behalf of CBOH within five (5) business days after the Secretary or the Secretary's designees request such access or otherwise as the Secretary or the Secretary's designees may require. Associate also agrees to make such information available for review, inspection and copying by the Secretary or the Secretary's designees during normal business hours at the location or locations where such information is maintained or to otherwise provide such information to the Secretary or the Secretary's designees in such

form, format or manner as the Secretary or the Secretary's designees may require.

- k. Document all disclosures of PHI and information related to such disclosures as would be required for CBOH to respond to a request by an Individual or by the Secretary for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- l. Provide to CBOH or to individual, information collected in accordance with Section 3. i. of this Agreement, above, to permit CBOH to respond to a request by an Individual for an accounting of disclosures of PHI as provided in the Privacy Rule.

4. Unless otherwise Provided by Law, CBOH agrees that it will:

- a. Notify Associate of any new limitation in CBOH's Notice of Privacy Practices in accordance with the provisions of the Privacy Rule if, and to the extent that, CBOH determines in the exercise of its sole discretion that such limitation will affect Associate's use or disclosure of PHI.
- b. Notify Associate of any change in, or revocation of, permission by an Individual for CBOH to use or disclose PHI to the extent that CBOH determines in the exercise of its sole discretion that such change or revocation will affect Associate's use or disclosure of PHI.
- c. Notify Associate of any restriction regarding its use or disclosure of PHI that CBOH has agreed to in accordance with the Privacy Rule if, and to the extent that, CBOH determines in the exercise of its sole discretion that such restriction will affect Associate's use or disclosure of PHI.
- d. Prior to agreeing to any changes in or revocation of permission by an Individual, or any restriction, to use or disclose PHI as referenced in subsections b. and c. above, CBOH agrees to contact Associate to determine feasibility of compliance. CBOH agrees to assume all costs incurred by Associate in compliance with such special requests.

5. The Term of this Agreement shall be effective as of _____, and shall terminate when all of the PHI provided by CBOH to Associate, or created or received by Associate on behalf of CBOH, is destroyed or returned to CBOH, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

a. Termination for Cause. Upon a material breach by Associate, CBOH shall either:

- (1) Provide an opportunity for Associate to cure the breach within 30 days after receiving written notification of the breach by CBOH, and, if

Associate fails to cure the breach, terminate the contract upon thirty days' notice; or

- (2) If neither termination nor cure is feasible, CBOH shall report the violation to the Secretary of the Department of Health and Human Services.

b. Effect of Termination

- (1) Upon termination of this Agreement, for any reason, CBOH and Associate shall determine whether return of PHI is feasible. If return of the PHI is not feasible, Associate agrees to continue to extend the protections of Sections 3 (A) through (J) of this Agreement and applicable law to such PHI and limit further use of such PHI, except as otherwise permitted or required by this Agreement, for as long as Associate maintains such PHI. If Associate elects to destroy the PHI, Associate shall notify CBOH in writing that such PHI has been destroyed and provide proof, if any exists, of said destruction. This provision shall apply also to PHI that is in the possession of subcontractors or agents of Associate. Neither Associate nor its agents nor subcontractors shall retain copies of the PHI.

- (2) Associate agrees that it will limit its further use or disclosure of PHI only to those purposes CBOH may, in the exercise of its sole discretion, deem to be in the public interest or necessary for the protection of such PHI, and will take such additional actions as CBOH may require for the protection of patient privacy and the safeguarding, security and protection of such PHI.

- (3) If neither termination nor cure is feasible, CBOH shall report the violation to the Secretary. Particularly in the event of a pattern of activity or practice of Associate that constitutes a material breach of Associate's obligations under the Contract and this agreement, CBOH shall invoke termination procedures or report to the Secretary.

- (4) Section 5. B. of this Agreement, regarding the effect of termination or expiration, shall survive the termination of this Agreement.

6. Interpretation. The Agreement shall be interpreted to permit CBOH to comply with applicable laws, rules and regulations, the HIPAA Privacy Rule, the HIPAA Security Rule and any rules, regulations, requirements, rulings, interpretations, procedures or other actions related thereto that are promulgated, issued or taken by or on behalf of the Secretary; provided that applicable laws, rules and regulations and the laws of the State of Georgia shall supersede the Privacy Rule if, and to the extent that, they impose additional requirements, have requirements, provide greater protection of patient privacy or the security or safeguarding of PHI than those of the HIPAA Privacy Rule.

- 7. All other terms and conditions contained in the Contract and any amendment thereto, not amended by this Agreement, shall remain in full force and effect.

IN WITNESS WHEREOF, Associate, through its authorized officer and agent, has caused this Agreement to be executed on its behalf as of the date indicated.

Individual's Name: (typed or printed): _____

Signature: _____ Date: _____

Title: _____

Telephone No.: _____ Fax No. _____

Company or Agency Name and Address: _____

PURCHASING-CONTRACT DOCUMENTATION GUIDE

(Note that this is a general guide only. Specific instances will vary.)

(Each individual situation is unique. Think of it like hiring, and the documentation we have to keep for that. Consult with administration as needed.)

1. Solicitation Phase

- Potential contractors that were identified and contacted, and how
- Copy of solicitation
- How potential contractors responses were evaluated - criteria, rankings, justification, etc., and basis for contractor selection
- Basis for cost or price awarded, including funds available, any independent cost analysis, market benchmarks, etc.
- Justification when an award is to go to other than the apparent low bidder
- Include all relevant surveys, research, worksheets, meeting notes, e-mails, postings or ads run, etc.
- Record of potential contractor contacts, including e-mails

2. Copy of contract

- DCH template, unless otherwise approved
- Signed by District Health Director (or designee)
- Signed by contractor
- Memo to accounting requesting payment, specifying:
 - Amount to be paid
 - Budget number to be paid from
 - Name of person, agency, or business the check to be made out to address where check is to be mailed
- W-9 for contractor

3. Contract Administration

- Supplier performance assessments
- Progress milestones checked
- Notes regarding any site visits or inspections
- Memos
- Complaints to vendor
 - Notes of verbal complaint
 - Copy of written complaint
- Any changes to contract

4. Contract Close-Out

- Account for all dollars contracted for and spent (i.e. unreturned)
 - Original invoices for time/services performed Include additional documentation, such as time sheets, event notifications, etc. as applicable
 - Copies of receipts for all purchases made
- Account for contractor performance and deliverables being met
 - Reports submitted, Statistical records
 - Whether have met the terms, conditions, and specifications of the contract Books, documents, papers, or other records of recipients that are pertinent to the contract

Purchasing Instructions

All highlighted items on the Requisition Form must be filled in.

Since the checks to pay vendors are generated from the Purchase Order, you can only order from 1 vendor on each Requisition.

Do not make purchases without filling out a Purchase Requisition (and getting a P.O. number if you will be actually buying the items). This is how we know what program to bill, and how we assure authorization of purchases. If you are getting something that must be prepaid, you must get authorization and instructions to order it. This is mandatory for auditing purposes. Attach the packing slip and the signed invoice to your Requisition so we will have proof of receipt before we pay the invoice. If you are giving purchase information from the Internet is sure they will take orders with a PO number and include the vendor information. We do not use credit cards for ordering.

Since most orders are placed by fax, it is very important to supply a fax number.

On orders over \$500 there must be quotes/bids from 3 different sources, unless the items are on state contract or sole source (let your purchasing agent know if they are). If it is something unusual, Sheila Hadden at the district office can help fill the order more quickly if you can suggest other sources.

The district office does not keep previous orders on hand. Once the order is paid for, the P.O. with attached papers is filed and sent to storage. Please keep a copy for yourself of information that you will need for reordering.

All descriptions should be very specific. Leave no question as to what is being ordered. Pay special attention to units of measure (i.e. Case of #, box of #, package of #, etc.). Be sure to include any "imprint" or other special instructions, if you are ordering a specialty item.

Please place orders well in advance of when they are needed, especially if it is at the end of the Fiscal Year.

If your signature is not legible, please print it underneath, so I will know who to give the order to when it comes in (or to whose attention to make the ship to). The Office Manager or your Program Coordinator must approve all Purchase Requisitions.

The person responsible for the budget must also approve the purchase, indicating that there is money available.

| District 2 Purchase Requisition Form | | | | |
|-----------------------------------------------|------------------|--------------------------------|-------------------|----------------------|
| ***All highlighted items must be filled in*** | | | | |
| Date Needed: | | | | Date: _____ |
| RUSH? | | | | Budget: _____ |
| Vendor: | | | Ship to: | |
| Address: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| Sole Source Vendor? | | | P.O. # | |
| Qty | Item Code | Description | Unit Price | Total |
| | | | | 0 |
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| | | | | 0 |
| | | Shipping & Handling | | 0 |
| | | | Total | 0 |
| Requested by _____ signature date | | | | |
| Approved by _____ signature date | | | | |
| Sep-12 | | | | |

Instructions for Bids Over \$5,000

- Obtain some preliminary quotes to be sure that the item cannot be purchased for under \$5,000 and to get some specs for the bidding process.
- Get together with those purchasing the item and choose a date and time for the Bid Opening.
- Prepare a legal ad to be placed in the local newspaper(s) to run 15 days prior to bid opening for 1 or 2 days. (sample file: *Legal Bid Advertising*)
- Prepare letters of invitation (file: *Legal Bid Invitation to Bid Cover Letter*) for the vendors who want to bid, including an Invitation for Bid form (sample file: *Legal Bid Invitation for Bid*) and a Product Bid Sheet (file: *Legal Bid Product Bid Sheet*) with the specifications.
- Keep copies of the letter, invitation and bid sheet available to give to any vendors who inquire from the legal ad.
- When the bids are received they must not be opened. Date stamp them when they are received. They must all be held and opened at the “Bid Opening” time and date that was announced in the ad.
- The sealed bids will be opened by the Purchasing Agent .The bids should be opened and read aloud. The names of vendors and amounts bid will be recorded on the Sealed Bid Opening Sheet (file: *Legal Bid Sealed Bid Opening*) at the opening. No discussion is permitted by the vendors present at the opening. (Inform them of this before you start) The bid sheet must be signed by the Purchasing Agent and another witness.
- Keep files containing all the bids received with the envelopes and the other paperwork involved in the bidding process.
- Issue a Purchase Order to the successful bidder. Call or send a response letter to other vendors. (file: *Legal Bid Response letter*)

HALL COUNTY BOARD OF HEALTH
PURCHASING DEPARTMENT
1280 ATHENS STREET
GAINESVILLE, GA. 30507

(770) 535-6994

FAX

(770) 531-4504

August 1, 2007

Dawson News & Advertiser
PO Box 225, 40 Hwy. North
Dawsonville, GA 30533

Dear Legal Ad Reporter,

Below is a legal ad to be run: Wednesday, August 1 and Wednesday August 8,
2007

When invoicing, include Tear Sheet and refer to P.O. 643-8-10-07

Invitation to Bid

Date Issued: August 1, 2007

Invitation No. 643-8-10-

07

Sealed proposals from vendors will be received by the purchasing Department of the District 2 Health Office, at 1280 Athens Street, Gainesville, Georgia 30507 until 11:00 a.m. legally prevailing time on Monday, August 13, 2007 for a 14 foot installed prefabricated wall. After the time and at the place noted above, the proposals will be publicly opened and read. No extension of the bidding period will be made. Bidding documents may be obtained at the District 2 Health Office, 1280 Athens Street, Gainesville, Georgia, 30507. Requests for documents should be filed promptly with the purchasing agent (770) 535-6994 or (770) 535-5743.

The Board of Health reserves the right to reject any or all bids and to waive technicalities and informalities. No bid may be withdrawn for a period of 30 days after time has been called on the date of opening.

Hall County Board of Health
Candace Sutherland, Purchasing Agent

HALL COUNTY BOARD OF HEALTH
PURCHASING DEPARTMENT
1280 ATHENS STREET
GAINESVILLE, GA. 30507

April 22, 2008

Dear Sir,

I am sending you an Invitation For Bid and Product Bid Sheet for the purchase of Plumed Dental Operatories to include delivery and installation at 1290 Athens Street Gainesville GA 30507 Dental Clinic. If you are interested in bidding on this and do not have the exact specifications please bid a comparable product. Please submit bid price and return the completed Product Bid Sheet in a sealed envelope with "SEALED BID" written on the outside of the envelope. If you do not wish to bid, please complete the bid sheet and write "NO BID" in the space provided at the bottom of the page and return in a sealed envelope with "SEALED BID" written on the outside of the envelope.

Bids will be opened at the District 2 Health Office, 1280 Athens Street, Gainesville, GA, on May 22, 2008 at 11:00 am. You may be present for the bid openings if you wish. Your signature is required to make this bid legal.

If you have any questions please contact me at 770-531-6443.

Sincerely,

_____, Purchasing Agent
DHR District 2 Health Office

Georgia Department of Human Resources
 Hall County Board of Health
 1280 Athens Street
 Gainesville, Georgia 30507

PRODUCT BID SHEET

Company Name _____
 FEI/SSN _____

 Authorized Representative Signature

| <i>Item Description</i> | | | | <i>Total Price</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Please see attached drawing of prefabricated wall to be installed at The Dawson County Health Department WIC Office. NEW EQUIPMENT: TO INCLUDE DELIVERY AND INSTALLATION OF THE FOLLOWING IN VACANT, PLUMBED DENTAL OPERATORIES AT THE DENTAL OFFICE LOCATION NAMED BELOW: | | | | |
| <u>Qty.</u> | <u>Mfg.</u> | <u>Model</u> | <u>Description</u> | |
| 2 | A-dec | 1040 | Cascade/Radius Chair/delete footswitch chair control standard seamless upholstery / (wedgewood- colored dauphine upholstery) | |
| 2 | A-dec | 2122 | Radius Traditional-style delivery system (including autoclavable syringe, 3-handpiece control, standard 4-hole tubing, chair touch- pad control) | |
| 2 | A-dec | 7115 | Radius Assistant's Instruments, Including chair touch pad control | |
| 2 | A-dec | 6300 | Radius light with integral pole support assembly including 300-Watt transformer | |
| 2 | A-dec | 1601 | Doctor's Stool (wedgewood-colored dauphine upholstery) | |
| 2 | A-dec | 1622 | Assistant's Stool (wedgewood-colored dauphine upholstery) | |
| 2 | Progeny | JB70 | Intraoral x-ray (115 volt) with optional 6"reach arm (will be screw-mounted to sheetrock covered double-3/4" full-sheet-plywood attached 2"x4" wood stud wall). | |
| 2 | | | Single workbox cover plate with built-in push-and- hold pushbutton for closing x-ray exposure circuit, including connection to existing low voltage wiring. | |
| <p>Dental Office Location: Hall County Health Department/ Dental Clinic 1290 Athens St. Gainesville, GA 3050</p> | | | | |
| | | | | |

If you do not wish to bid on this item, please write "NO BID" in this space _____

Please provide the following:

Company Name: _____

Address: _____

Authorized Representative: _____

Phone Number: _____

Sealed Bid Opening

Date _____

Company Name: _____ Time Opened: _____

Bid\$ _____ on _____

Bid \$ _____ on _____

Date _____

Company Name: _____ Time Opened: _____

Bid\$ _____ on _____

Bid \$ _____ on _____

Date _____

Company Name: _____ Time Opened: _____

Bid\$ _____ on _____

Bid \$ _____ on _____

Date _____

Company Name: _____ Time Opened: _____

Bid \$ _____ on _____

Bid \$ _____ on _____

Opened by: _____

Witnessed by: _____ Witnessed by: _____

Example
Legal Bid Response Letter

September 28, 2012

Commerce Chrysler, Dodge, Jeep
2377 Homer Road
Commerce, GA 30529

Dear Mr. _____,

Thank you for your participation in our sealed bid on the trucks. After consideration of all bids, we have chosen another vendor to purchase a truck.

Respectfully,

Purchasing Agent
District 2 Health Office

Inventory Procedure

See the attached Guidelines for Adding Items to District Wide Inventory

When purchasing paperwork is ready to pay, all the information needed for the Inventory List should be gathered and put on the District Inventory List. The information that you will need:

| | |
|--------------|------------------|
| Vendor | Description |
| Manufacturer | PO# |
| Model # | Date of Purchase |
| Serial # | Cost |
| Location | |

See the attached form with columns for all this information.

Each inventory number is composed of:

Program #- fiscal year- next item number for current fiscal year

Example: 195-13-01

Items on the list should be grouped together by program. This makes it easier to assign the next number in order for each program.

In order to create an inventory sticker:

Turn on P Touch Printer / Pull up program / Select file

See copy of computer screens attached for steps to create and print

Note: We will create a local inventory sticker to associate it with the item before it is placed at the assigned location. If it is being received at another location we need to fill out a local 5111 to send the appropriate sticker and have the form signed and turned by the person who is putting the sticker on. Keep the forms in a file for our records.

If it is computer equipment still in the box you can tape the sticker to the box for IT to attach when they set it up. I usually note on the inventory list under the conditions column that I have put the sticker on the box...just so I have a record that I have done it.

Guidelines for Adding Items to District wide Inventory

The guidelines for what should be included on the inventory are:

- All computers and computer equipment (this includes printers).
- All equipment costing over \$1,000 with a 3 year life.
- Any equipment over \$250 that is easily moved or used in different locations that we should keep track of such as electronics, camcorders, cameras, microscopes, etc.

County Purchases

- Add the item to your local inventory records and include it on the list that you receive from the District Office at the end of each year for the auditor.
- Create an inventory number and put sticker on the item. Include the inventory information in the Purchasing paperwork.

Program Purchases

- A District 2 Form 5111 will be used for items that must be added to the District 2 Inventory list. You will be sent a completed form with an inventory sticker to put on the item. Sign and return the form after applying the sticker.
- The item will be added to your inventory list.

Program Inventory Purchases

- Equipment over \$1,000 and computers will require a 5111 form to be turned in. The form will include a decal from the, a local inventory sticker and a red sticker to indicate that this is a state item.
- We will be required to account for the location and condition of these items each year by the state office. Be sure to sign the form and return it to the District Office (Candace) promptly, since we are required to turn them into the State Office.
- The item will be added to your inventory list.

Local 5111 Form Procedure

- Enter the item on our inventory list as local inventory.
- Fill out our local version of the 5111 form for local inventory.
- Include the local decal inventory # on the form along with the actual decal to be placed on the equipment.
- Send the form with the decal to the location to be applied.
- Receive the signed/dated copy and put in our file.

We create the inventory number and the decal to be placed on the item and keep the signed form in our files.



Public Health
Prevent. Promote. Protect.

NOTE: Hold mouse cursor over cell to see instructions "pop up". See submission instructions in blue at bottom of page.

District 2 Public Health Local Use Form 5111

DETAILED EQUIPMENT LISTING

| | | | |
|-------------------------------------------------|--------------------------|-------------------------------|-----------------|
| Organization | | | |
| Unit/Contractor Name: | District 2 Health Office | Date: | |
| Street Number Name and P.O. Box (if applicable) | 1280 Athens Street | | |
| City: | Gainesville | State: | Georgia |
| | | Zip Code: | 30507 |
| Preparer Printed Name: | Candace Sutherland | Preparer Phone | 770-535-6994 |
| Inventory Number: | | *Asset Management Location #: | District Office |
| Room#: | | | |
| Equipment Description: (Include Manufacturer) | | | |
| Serial Number: | | | |
| Purchase Order # | | | |
| Acquisition Date: | | Acquisition Amount: | |
| Vendor Name: | | | |

The decal attached to this form **MUST** be placed on this piece of equipment.

"I certify that the decal number referenced above has been affixed to this equipment".

_____ Signature _____ Date

All fields are to be completed by Division/Office personnel receiving the equipment.

* Location where the assets were Purchased / Managed