

## REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 20272

Sponsor(s): Charlie Franklin

Date: September 30, 2019

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance  Project/Title: Awarding a 12 month term and supply contract with four twelve-month options to extend for the furnishing of vision coverage as an employee benefit										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td><td>\$</td></tr> <tr> <td>Amount previously authorized this fiscal year:</td><td></td></tr> <tr> <td>Total amount authorized after this legislative action:</td><td>\$</td></tr> <tr> <td>Amount budgeted for this item * (including transfers):</td><td>\$</td></tr> <tr> <td>Source of funding (name of fund) and account code number:</td><td>\$</td></tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> OTHER FINANCIAL INFORMATION:  <input checked="" type="checkbox"/> No budget impact (no fiscal note required) <input checked="" type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: _____ Estimated Use: _____  Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____	Amount authorized by this legislation this fiscal year:	\$	Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:	\$	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number:	\$
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Amount budgeted for this item * (including transfers):	\$										
Source of funding (name of fund) and account code number:	\$										
PRIOR LEGISLATION	Prior ordinances and (date): _____ Prior resolutions and (date): 18857 6/15/2015; 20184 6/17/2019										
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Michelle Chrisman, Interim Director of Human Resources, 816-881-1204										
REQUEST SUMMARY	<p>This resolution would allow the opportunity for all eligible County employees to elect vision coverage for themselves and their family at no cost to the county. Bids were solicited by Garry &amp; Associates and the lowest bidder and best provider was selected from two proposals.</p> <table border="1"> <thead> <tr> <th>NO.</th><th>RESPONDENT</th><th>PLAN SERVICES 40 Points</th><th>COST 60 Points</th><th>TOTAL SCORE 100 Points</th></tr> </thead> <tbody> <tr> <td>1.0</td><td>EyeMed</td><td>38.33</td><td>58.33</td><td>96.6</td></tr> </tbody> </table> <p>This vision coverage will allow employees to receive a vision exam for a \$10 copay and provide a hardware/contact lenses benefit as well as related discounts. In addition, EyeMed offers a Hearing Care discount on exams and hearing materials.</p>	NO.	RESPONDENT	PLAN SERVICES 40 Points	COST 60 Points	TOTAL SCORE 100 Points	1.0	EyeMed	38.33	58.33	96.6
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CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) N/A <input type="checkbox"/> Business License Verified (Purchasing & Department) N/A <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office) N/A										
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals										
ATTACHMENTS	EyeMed Proposal Benefit Summary										
REVIEW	Department Director: <i>Michelle Chrisman</i> Date: 9/17/19										

Finance (Budget Approval): <i>If applicable</i>	Date: 9/17/19
Division Manager: <i>[Signature]</i>	Date: 9/17/19
County Counselor's Office: <i>RYAN O. COUNSKY by WBS SS</i>	Date: 9/19/19

Fiscal Information (to be verified by Budget Office in Finance Department)

- ☐ This expenditure was included in the annual budget.
- ☐ Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_.
- ☐ There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- ☐ Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- ☐ Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- ☐ This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- ☒ This legislative action does not impact the County financially and does not require Finance/Budget approval.