



## AGENDA ITEM

### Consent Agenda

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**REPORT TO:** Work Session (06/24/24)  
**REPORT TO:** Voting Meeting (06/27/24)  
**ITEM NO:** 295/2024  
**SUBJECT:** Approve the renewal of the annual contract and addendum #001 for Hall County Pharmacy Management Services to On-Site Rx, Inc. of Gainesville, GA. The estimated annual cost is \$560,746.00.

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#### Meetings:

**Work Session Date:** 06/24/24

**Voting Meeting Date:** 06/27/24

#### Executive Summary:

**Presenter:** DLJ

**Recommendation:**

Department recommends approval of the renewal of the annual contract and addendum (#001) for the Hall County Pharmacy Management Services, On-Site Rx, Inc., of Gainesville, GA.

**Purpose of Request:**

Approve the renewal of the annual contract and Addendum #001 for Hall County Pharmacy Management Services, On-Site Rx, Inc. of Gainesville, GA. The estimated annual cost is \$560,746.00.

**History:**

On-Site Rx provides licensed pharmacists, pharmacy services, expertise and benefit guidance at the Hall County Family Health Center Pharmacy on behalf of the County.

On-Site Rx is a trusted vendor in good standing with the County.

**Facts and Issues:**

This is renewal three (3) of a five (5) year contract stemming from RFP #41-015

**Options:**

**Funding Requested**

\$ 560,746.00

**Are funds within current budget?**

No

**Source of Funds**

Group Insurance Fund

**Does the action involve a Resolution, Ordinance, Contract, Agreement, etc.?**

Yes

**Has it been reviewed by the County Attorney?**

Yes

**Is there a deadline for this item?**

2024-05-20

**Approvals:**

<b>Buyer</b>	<b>Submit</b>	<b>Approve</b>	<b>Purchasing</b>
AP	LJ	LJ	AP
<b>Budget</b>	<b>Finance</b>	<b>Attorney</b>	<b>Administration</b>
EW	TS	WLI	CR
<b>Clerk</b>			
JR			

**Attachments:**

- Financial Supplement
- Addendum #001
- Original Agreement
- On-Site Rx Contract Renewal



**HALL COUNTY BOARD OF COMMISSIONERS  
FINANCIAL SUPPLEMENT REPORT**

**AGENDA ITEM 295/2024**

**Funds Requested:** \$ 560,746.00

**Request Budgeted:** No

**Proposed Source of Funding:**

**Budget Transfer Requested:**

Group Insurance Fund

Yes

**Funding Source Items:**

Fiscal Year	Fund	Division	Account	Amount
2025	601-GROUP INSURANCE FUND	5171-HALL COUNTY PHARMACY	521000- PROFESSIONAL SERVICES	\$560,746.00

**Budget Transfer Items:**

**Additional Information/Comments:**

**Contact for Questions:** JT(R<

**Phone:** x2652