



## AGENDA ITEM

### Consent Agenda

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**REPORT TO:** Work Session (01/06/25)

**REPORT TO:** Voting Meeting (01/09/25)

**ITEM NO:** 491/2024

**SUBJECT:** Approve the annual sole source contract #031-45 Emergency Medical Pharmaceutical Supplies & Services for Fire Rescue to Northeast Georgia Medical Center, Inc. of Gainesville, GA. The estimated annual cost is \$85,000.00.

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#### Meetings:

**Work Session Date:** 01/06/25

**Voting Meeting Date:** 01/09/25

#### Executive Summary:

**Presenter:** CJES

**Recommendation:**  
Recommend approval.

#### Purpose of Request:

Approve the annual sole source contract #031-45 Emergency Medical Pharmaceutical Supplies & Services for Fire Rescue to Northeast Georgia Medical Center, Inc. of Gainesville, GA. The estimated annual cost is \$85,000.00.

#### History:

Previous spend: FY 2023 \$101,816.88, FY 2024 \$78,951.85. The estimated amount is based upon prior averaged usage. Actual usage is dependent upon number of accidents in any given year where such supplies are needed which can be difficult to gauge.

#### Facts and Issues:

Fire Rescue EMS has been buying Pharmaceutical Supplies and Services, including controlled substances and Narcotics, from Northeast Georgia Medical Center for some time. The last Agreement was executed March 26, 2003. This agreement continues to be a very positive and successful relationship with the Medical Center's ability to supply such items, and it desires to continue its professional, courteous and prompt responsiveness to the County's needs. This agreement is just to update the relationship by written contract. This is year 1 of the contract with 4 options to renew.

#### Options:

**Funding Requested**

\$ 85,000.00

**Are funds within current budget?**

Yes

**Source of Funds**

Emergency Services

**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?**

2024-09-24

**Approvals:**

<b>Buyer</b>	<b>submit</b>	<b>approve</b>	<b>Purchasing</b>
AP	JS	JS	AP
<b>Budget</b>	<b>Finance</b>	<b>Attorney</b>	<b>Administration</b>
JM	EW	WLI	CR
<b>Clerk</b>			
JR			

**Attachments:**

Financial Supplement

Contract Signature Request

Contract #031-45 NGMC Medical Supplies

Single-Source Justification Form



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

**AGENDA ITEM 491/2024**

**Funds Requested:** \$ 85,000.00

**Request Budgeted:** Yes

**Proposed Source of Funding:**

**Budget Transfer Requested:**

Emergency Services

No

**Funding Source Items:**

Fiscal Year	Fund	Division	Account	Amount
2025	271-EMERGENCY SERVICES FUND	3630-EMS	531100-GENERAL SUPPLIES AND MATERIALS	\$85,000.00

**Budget Transfer Items:**

**Additional Information/Comments:**

**Contact for Questions:** CBODC-ED

**Phone:** 770-530-5164