



Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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June 25, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Christina R. Ghaly, M.D.
Director

Dear Supervisors:

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

**AUTHORIZATION TO ACCEPT AND IMPLEMENT FORTHCOMING
FEDERAL FUNDING FOR THE HOSPITAL PREPAREDNESS PROGRAM
AND EXECUTE AGREEMENTS AND AMENDMENTS
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

313 N. Figueroa Street, Suite 912
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SUBJECT

Request for authorization to accept and implement Federal grant awards, accept any supplemental funding, execute new agreements, amend existing agreements, and effectuate other contractual actions for the Hospital Preparedness Program (HPP) to continue to build, enhance, and sustain healthcare preparedness capabilities for response and rapid recovery from natural and man-made emergencies, and public health threats within Los Angeles County (LA County).

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IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director of Health Services (Director), or designee, to accept a forthcoming Notice of Award (NOA) from the United States Department of Health and Human Services' (USDHHS) Administration for Strategic Preparedness and Response (ASPR) for the term July 1, 2024 through June 30, 2025, the first year of a five-year grant cycle, in the estimated amount of \$9.1 million for Fiscal Year (FY) 2024-25 and to sign all other necessary documents to accept the award, subject to review and approval by County Counsel.
2. Delegate authority to the Director, or designee, to sign all necessary documents to accept future NOAs and NOA amendments during the five-year

grant cycle, from July 1, 2024 through June 30, 2029, that are consistent with the requirements of the NOA, to: (a) extend the grant term, (b) increase or decrease funding for each grant term in amounts prescribed by the respective NOA; (c) reflect non-material and/or ministerial revisions to the grant's terms and conditions; (d) allow for the rollover of unspent funds and/or redirection of funds; and (e) further extend the term up to and through June 30, 2030, if the grant cycle is extended by USDHHS, subject to review and approval as to form by County Counsel and, for actions related to (a), (b), (d) and (e), notification to the Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director, or designee, to: (a) execute agreements with qualified vendors, including but not limited to consultants and other non-hospital related providers needed to implement the HPP grant objectives, effective upon execution through the end of the then present grant term, with options to extend the term annually up to and including June 30, 2029; and (b) execute amendments to such agreement to exercise the options, allow for the rollover of unspent funds, adjust funding for each year DHS accepts a USDHHS grant award, and make necessary corresponding service adjustments, add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, or further extend the term up to and through June 30, 2030, if the grant period is extended by USDHHS, all subject to review and approval as to form by County Counsel.

4. Delegate authority to the Director, or designee, to execute amendments to the existing HPP Specialty Care Center Designation Master Agreements (SCCDMAs) with the 80 acute care hospitals (Hospitals) listed in Attachment A and the Community Clinic Association of LA County (CCALAC) to: (a) allow for the rollover of unspent funds; (b) adjust funding for each year an USDHHS grant award is accepted, and make corresponding service adjustments, as necessary; (c) further extend the term up to and through June 30, 2030, if the grant cycle is extended by USDHHS; or (d) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with Federal and State law or regulation, all subject to review and approval as to form by County Counsel.

5. Delegate authority to the Director, or designee, to execute a sole source amendment or successor agreement to Agreement No. H-707734 for Long Term Care Facilities Disaster Preparedness Project (Agreement) with the California Association of Health Facilities (CAHF) to extend the contracting relationship through June 30, 2025 and increase LA County's maximum obligation amount by \$0.090 million, and execute future sole source amendments to the CAHF Agreement to: (a) extend the term up to and including June 30, 2029; (b) allow for the rollover of unspent contract funds; (c) increase or decrease the funding for each year an award is accepted and make corresponding service adjustments, as necessary; (d) further extend the term through June 30, 2030, if the grant cycle/term is extended by USDHHS; and (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, all subject to review and approval as to form by County Counsel and, for actions related to (a), (b), (c) or (d), notification to the Board

and CEO.

6. Delegate authority to the Director, or designee, to terminate any of the agreements referenced above in accordance with the termination provisions in each Agreement, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background and Justification

LA County was first awarded the HPP grant, formerly known as the National Bioterrorism Hospital Preparedness Program, in February 2002. The federal government created this grant program to ensure that hospitals were prepared for terrorism events in the wake of the September 11th terrorist attack and subsequent anthrax scare of 2001. Since LA County is the second largest city in the nation, and ranked high on the Department of Homeland Security's threat list, LA County was identified as an awardee for the inaugural HPP grant designated for local health departments. From the inception of these awards to the present, DHS' Emergency Medical Services (EMS) Agency serves as the grant manager of the HPP because of its role as the medical and health operational area coordinator and its extensive history of working with hospitals on disaster preparedness.

In 2010, to better align the Public Health Emergency Preparedness and Hospital Preparedness Programs, the Federal government moved the grants administration for both programs to the Centers for Disease Control and Prevention (CDC), with the LA County Department of Public Health (DPH) receiving the award for these programs. On January 17, 2018, the ASPR announced that to continue to improve the two distinct preparedness programs, it was assuming responsibility for the grant's management functions for the HPP. ASPR has fully managed the HPP grant since July 2019, and the award will again, come directly to DHS.

On June 11, 2019, the Board was informed that DHS had initiated efforts to identify and eliminate duplicative functions in administrative operations to reduce timelines and barriers particularly with regard to contracting. These efforts aligned with the February 28, 2019, CEO Board notification to streamline the contracting process specifically in increasing the utilization of Master Agreements which provide departments with ability to standardize agreements so they can be effectively managed. DHS utilized delegated authority, approved by the Board on June 11, 2019, to award SCCDMAs to HPP participants, and the May 21, 2019 authority to allocate annual funding and extend the term of the HPP SCCDMA and other HPP agreements through June 30, 2024.

Over the 22-year span of the HPP, the focus of the program has evolved from a terrorism-only focus to an all-hazards focus and has expanded to other sectors of the healthcare community beyond hospitals. While each grant cycle has seen changes in the capacity and capabilities of the healthcare system, the foundational focus of HPP continues to be on ensuring that the healthcare system can surge to care for disaster victims.

The forthcoming USDHHS grant cycle is for five years, from July 1, 2024, through June 30, 2029, with funding being allocated and awarded on a year-to-year basis. The HPP funding will be used to develop plans and supporting activities for building and sustaining healthcare preparedness and response capabilities, including targeted investments in strategies that address the specific capabilities identified in the NOA such as: (1) Foundation for Healthcare and Medical Readiness, through emergency and disaster training and exercises; (2) Healthcare and Medical Care Coordination, through the development of response plans and collaboration in sharing information including the tools used for information sharing such as ReddiNet™; (3) Continuity of Healthcare

Service Delivery, through the development of continuity of operations plans; and (4) Medical Surge, through the delivery of timely and efficient care even when the demand during an emergency or disaster exceeds the normal day-to-day demand. This includes planning and stockpiling of resources and developing plans that expand the resources of the healthcare community such as pediatric, trauma, and burn surge plans. DHS expects, as with previous HPP grants, that there will be a one-year no-cost extension of this HPP grant through June 30, 2030, to fully implement work plans, and complete the objectives of the grant.

Approval of the recommended actions will allow the EMS Agency to manage the HPP grant and administer the various agreements with required to successfully implement the grant objectives in an effective and timely manner.

Recommendations

Approval of the first recommendation will allow DHS to accept a forthcoming NOA for a grant from the USDHHS for the term of July 1, 2024, through June 30, 2025, in the estimated amount of \$9.1 million, and to execute all other necessary documents to accept the award. Funding amounts from future USDHHS grant awards are anticipated to vary on a year-to-year basis.

Approval of the second recommendation will allow DHS to accept future NOAs and NOA amendments during the five-year grant cycle that are consistent with the requirements of the NOA.

Approval of the third and fourth recommendation will allow DHS to execute new HPP agreements and subsequent amendments to such agreements with consultants and/or other non-hospital related-service providers, as well as amend HPP SCCDMAs in order to add services required to support the HPP that will be 100 percent funded annually by USDHHS grant awards to accomplish the grant objectives. It should be noted that the SCCDMA is set to expire on June 30, 2029.

Approval of the fifth recommendation will allow DHS to amend or replace the Agreement with CAHF for the continued provision of emergency management support, education, and training to long-term care facilities through June 30, 2025, and increase LA County's maximum obligation amount by \$0.090 million. Further, approval of this recommendation will allow DHS to execute future amendments to the CAHF Agreement. CAHF has functioned as a unique disaster preparedness liaison to LA County by maintaining the membership of long-term care facilities, specifically in LA County's geographical region. There is no other organization that provides the emergency management support, education, and training to these facilities in support of the HPP.

Approval of the sixth recommendation will allow DHS to terminate any agreement executed or amended pursuant to the recommendations in this letter, in accordance with the termination provisions in the corresponding agreement.

Implementation of Strategic Plan Goals

The recommended actions support the North Star Strategies 1-A "Healthy Individuals and Families," and 3-G (i) "Maximize Revenue" of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

There is no net County cost associated with the recommended actions. The HPP and its related agreements are 100 percent funded by grant awards from the USDHHS that are anticipated to be received over the next five years in amounts estimated approximately \$10 million per grant year.

Funding is included in DHS' Fiscal Year 2024-25 Recommended Budget and will be requested in future fiscal years as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As previously mentioned, there are 80 Hospitals and CCALAC participating in the HPP. Hospitals can participate either as a Participant Level facility, or as a Disaster Resource Center (DRC). Of the 80 participating hospitals, 67 hospitals are Participant Level facilities, and the remaining 13 are designated as DRCs. The level of participation corresponds to specific deliverables and funding.

Participant Level participants receive funding to enhance their overall disaster preparedness with an emphasis on responding to natural and man-made emergencies, and public health threats.

DRCs, which are geographically distributed throughout LA County, are required to complete more deliverables and, therefore, will receive additional funding. The added funding will enhance surge capacity through the provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of disasters. Additionally, DRCs are responsible for enhancing hospital planning and cooperation within their region, which includes allocating and coordinating emergency use of non-hospital space (e.g., local community health centers and clinics) to shelter and treat trauma victims during a catastrophic disaster.

Trauma center participants at both Participant and DRC levels will receive more funding than non-trauma centers at the equivalent level. This increased funding supports an increased trauma and burn surge capacity.

With each HPP grant award, 60 percent or more of the funding is typically allocated to fund the HPP SCCDMAs with the Hospitals and CCALAC. The remainder of the funds will be used to fund other expenses related to the grant including, but not limited to, administrative costs that include salaries and employee benefits for nine EMS Agency HPP related positions, indirect costs, supporting the Disaster Healthcare Volunteer Program, and addressing mental health issues related to disasters such as training hospital staff on mental health triage and self-assessment, as well as to fund additional HPP Agreements.

County Counsel will review and approve all agreements and amendments as to form prior to execution.

CONTRACTING PROCESS

The CCALAC and the hospitals listed in Attachment A are continuing participants in the HPP which enables LA County to continue, without disruption, to build, enhance, and sustain healthcare preparedness capabilities for a rapid recovery from natural and man-made emergencies and public health threats within LA County.

Any non-participating Hospitals and community clinics that are members of the CCALAC are eligible to participate if they express interest to the EMS Agency.

Non-hospital contractors for other services that support the completion of approved activities will be selected in accordance with the terms of any HPP application and may be competitively solicited, when appropriate, in accordance with LA County's contracting and purchasing policies.

On April 23, 2024, DHS notified the Board by Attachment B of its intent to enter negotiations to extend the existing sole source Agreement No. H-707734 with the California Association of Health Facilities (CAHF) for Long-Term Care Facilities Disaster Preparedness Project and Participation in the Hospital Preparedness Program (HPP), which is utilized by DHS' EMS Agency. The extension of the Agreement with CAHF will enable the EMS Agency to continue its existing partnership with CAHF to implement activities that relate to long-term care facilities' preparedness, response, and recovery plans. The Sole Source Checklist is attached as Attachment C.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will allow DHS to continue to build and sustain healthcare preparedness capabilities for response to public health threats and rapid recovery in the event of a catastrophic disaster or other major emergency.

Respectfully submitted,



Christina R. Ghaly, M.D.

Director

CRG:am

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

HOSPITAL PREPAREDNESS PROGRAM
PARTICIPANTS AND LEVEL OF PARTICIPATION
FISCAL YEAR 2024-25

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Sunset (LA)	DRC
PIH Health Hospital –Whittier	DRC
Providence Saint Joseph Medical Center	DRC
Cedars Sinai Medical Center	TDRC
Children's Hospital Los Angeles	PDRC
Dignity Health - California Hospital Medical Center	TDRC
Dignity Health - St. Mary Medical Center	TDRC
Henry Mayo Newhall Memorial Hospital	TDRC
LAC Harbor-UCLA Medical Center	TDRC
L A General Medical Center	TDRC
MemorialCare Long Beach Medical Center	TDRC
Pomona Valley Hospital Medical Center	TDRC
Ronald Reagan - UCLA Medical Center	TDRC
Adventist Health – Glendale	ED
Adventist Health - White Memorial Medical Center	ED
Adventist Health - White Memorial Montebello Medical Center	ED
Alhambra Hospital	ED
Barlow Respiratory Hospital	No ED
Catalina Island Medical Center	ED
CFHS Holdings, Inc. dba Cedars-Sinai Marina del Rey Hospital	ED
City of Hope National Medical Center	No ED
Coast Plaza Medical Center	ED
College Medical Center	ED
Community Hospital of Huntington Park	ED
Dignity Health – Glendale Memorial Hospital & Health Ctr.	ED
East Los Angeles Doctors Hospital	ED
Emanate Health Foothill Presbyterian Hospital	ED
Emanate Health Inter-Community Hospital	ED
Emanate Health Queen of the Valley Hospital	ED
Encino Hospital Medical Center	ED
Garfield Medical Center	ED
Greater El Monte Community Hospital	ED
Hollywood Presbyterian Medical Center	ED

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Baldwin Park	ED
Kaiser Foundation – Downey	ED
Kaiser Foundation - Panorama City	ED
Kaiser Foundation - South Bay	ED
Kaiser Foundation - West LA	ED
Kaiser Foundation - Woodland Hills	ED
Kindred Hospital La Mirada	No ED
Kindred Hospital Paramount	No ED
Kindred Hospital San Gabriel	No ED
Kindred Hospital South Bay	No ED
L A Downtown Medical Center	No ED
L A Community Hospital at Los Angeles	No ED
L A Community Hospital at Norwalk	ED
LAC Olive View -UCLA Medical Center	ED
LAC Rancho Los Amigos National Rehabilitation Center	No ED
Lakewood Regional Medical Center	ED
Martin Luther King, Jr. Community Hospital	ED
Memorial Hospital of Gardena	ED
Miller Children's & Women's Hospital Long Beach	No ED
Mission Community Hospital	ED
Monterey Park Hospital	ED
Pacifica Hospital of the Valley	ED
Palmdale Regional Medical Center	ED
PIH Health Hospital - Downey	ED
PIH Health Hospital - Good Samaritan	ED
Prime Healthcare Centinela, LLC dba Centinela Hospital Medical Center	ED
Providence Little Company of Mary – San Pedro Hospital	ED
Providence Little Company of Mary - Torrance	ED
Providence St. Johns Health Center	ED
Providence Cedars-Sinai Tarzana Medical Center	ED
San Dimas Community Hospital	ED
San Gabriel Valley Medical Center	ED
Santa Monica – UCLA Medical Center	ED
Sherman Oaks Community Hospital	ED
Southern California Hospital at Culver City	ED
Southern California Hospital at Hollywood	No ED
Torrance Memorial	ED
USC Arcadia Hospital	ED
USC Verdugo Hills	ED
Valley Presbyterian Hospital	ED

NAME OF PARTICIPANT	PARTICIPATION LEVEL
West Hills Regional Medical Center	ED
Whittier Hospital Medical Center	ED
Antelope Valley Medical Center, a facility of Antelope Valley Healthcare District	TC
Dignity Health – Northridge Hospital Medical Center	TC
Pasadena Memorial Hospital, dba Huntington Hospital	TC
Prime Healthcare Services - St. Francis, LLC dba Saint Francis Medical Center	TC
Providence Holy Cross Medical Center	TC

DRC – Disaster Resource Center
 TDRC - Trauma Disaster Resource Center
 PDRC - Pediatric Disaster Resource Center
 ED – Emergency Department
 No ED - No Emergency Department
 TC – Trauma Center



April 23, 2024

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice K. Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D. 
Director

**SUBJECT: ADVANCE NOTIFICATION OF INTENT TO EXECUTE
A SOLE SOURCE AMENDMENT TO AGREEMENT
NO. H-707734 WITH THE CALIFORNIA ASSOCIATION
OF HEALTH FACILITIES**

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
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This is to notify the Board of Supervisors (Board) that the Department of Health Services (DHS) intends to request approval to execute a sole source amendment to Hospital Preparedness Program (HPP) Agreement No. H-707734 (Agreement) with the California Association of Health Facilities (CAHF), to extend the term through June 30, 2025, with an option to extend for up to four one-year periods, and add funding to the maximum obligation amount for CAHF's ongoing provision of continuing education for long-term care providers under the Long-Term Care Facilities Disaster Preparedness Project and Participation in the HPP.

Board Policy No. 5.100 requires written notice of a department's intent to enter into sole source negotiations for an extension of a Board-approved agreement at least six months prior to the Agreement's expiration date. DHS will exhaust its delegation of authority to extend the Agreement on June 30, 2024, when it expires. DHS acknowledges that this advance written notice is less than six months from the expiration of the existing.

Background

Founded in 1950, CAHF is a non-profit Statewide trade association representing Skilled-Nursing Facilities (SNFs) and Intermediate-Care Facilities (ICFs), providing quality care for the frail, elderly, intellectually disabled, and those with chronic mental illness. CAHF is the largest provider of continuing education for long-term care providers in California, facilitating continuous quality improvement for providers and improved outcomes for residents, and represents a

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membership pool of 900 SNFs and 420 ICFs. Each year more than 139,000 caregivers from among these entities provide short term rehabilitation, long term care, end of life assistance and habilitative nursing services for approximately 350,000 people.

CAHF and its members are dedicated to improving the quality of long-term health care in California through educational programs and proactive advocacy with the Legislature and administrative agencies.

CAHF is a Statewide trade organization whose members comprise the very beneficiaries of the services it performs under the Agreement. The scope of work in the Agreement details the services, i.e., training, workgroups, coordination, and outreach that only the CAHF organization can provide for its membership.

Justification

The Los Angeles County (LA County) DHS Emergency Medical Services (EMS) Agency is a direct recipient of the United States Department of Health and Human Services HPP federal disaster preparedness grant. The LA County Healthcare Coalition is required to maintain a disaster preparedness program to support all healthcare coalition sectors including Long-Term Care Facilities, such as SNFs and ICFs. CAHF is an Essential Partner Member of the LA County Healthcare Coalition, which works to ensure the integration and coordination across the healthcare system so that adequate medical surge capacity and capability is available during a mass casualty and/or large-scale event.

Since 2013, CAHF has functioned as a unique disaster preparedness liaison to LA County by maintaining the membership of Long-Term Care Facilities, specifically in LA County's geographical region. There is no other organization that provides the emergency management support, education, and training to the facilities in this particular healthcare sector.

CAHF serves as a Statewide organization for long-term care providers, which through its members, is dedicated to improving the quality of long-term care in California through educational programs and proactive advocacy with the State Legislature and administrative agencies. CAHF has developed and customized services for the EMS Agency which have evolved from its original form into a Statewide agency that allows for annual customization to implement HPP-specific duties, which helps expedite decision-making for disaster-preparedness and casualty management activities. In addition, CAHF has a comprehensive understanding of LA County's EMS system and has established an excellent working relationship with the existing participants.

Please note that a recent federal audit of the Agreement between LA County and CAHF, a recommendation was made to ensure future funding for these Services were awarded through an open solicitation or provide justification of a need for a sole source agreement with CAHF. DHS has determined that CAHF is the only bona fide source for

the services because the Agreement and upcoming amendment are for the purpose of providing disaster preparedness related services directly to CAHF's membership. Therefore, performance and price competition are not available. Furthermore, the Services currently provided by CAHF, including training, workgroups, coordination, and outreach are necessary to meet HPP federal disaster preparedness grant requirements and the extension of the subject Agreement is in the best interest of LA County.

Contracting Timeline

Consistent with the sole source Board policy, DHS is informing the Board of its intention to proceed with negotiations to extend the term of the Agreement with CAHF. If no objection is received from the Board within two weeks, we will proceed with the negotiations for the extension and return to the Board before the end of the fiscal year for approval.

If you have any questions, you may contact me, or your staff may contact Julio C. Alvarado, Director of Contracts Administration and Monitoring by email at jalvarado@dhs.lacounty.gov.

CRG:am

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

SOLE SOURCE CHECKLIST

Department Name: Health Services

- New Sole Source Contract
 - Sole Source Amendment to Existing Contract
- Date Existing Contract First Approved: 06/29/2018

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS Identify applicable justification and provide documentation for each checked item.
<input checked="" type="checkbox"/>	➤ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an <i>“Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist.”</i>
<input type="checkbox"/>	➤ Compliance with applicable statutory and/or regulatory provisions.
<input type="checkbox"/>	➤ Compliance with State and/or federal programmatic requirements.
<input type="checkbox"/>	➤ Services provided by other public or County-related entities.
<input type="checkbox"/>	➤ Services are needed to address an emergent or related time-sensitive need.
<input checked="" type="checkbox"/>	➤ The service provider(s) is required under the provisions of a grant or regulatory requirement.
<input type="checkbox"/>	➤ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
<input type="checkbox"/>	➤ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
<input type="checkbox"/>	➤ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
<input type="checkbox"/>	➤ It is more cost-effective to obtain services by exercising an option under an existing contract.
<input type="checkbox"/>	➤ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

5/6/24
Date