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# City of Jacksonville, Florida

*Procurement Award Form (PAF)*

**Part 1 – Form Type:** JPAC 126.204 (a) New Award, Renewals, Waive Technical Defects, Price Increases, NTE Increases.

Goods and/or Services: SS-18086-26 - JHS Animal Transfer

**Requested Action and Justification:**

Recommend approval of a single-source award to the Jacksonville Humane Society. Period of service is from date of executed contract through September 30, 2027. Total expenditure not to exceed $400,000.00 (4 quarterly payments of $100,000.00). The ACPS Transfer program provides for the transfer of at least 1,500 dogs and cats from either the ACPS facility or direct intake at the JHS facility, located at 8454 Beach Blvd Jacksonville, FL. See attached justification for single source and scope of service. The transfer program will help prevent overcrowding at the ACPS facility.

| | | | | | |
|---|---|---|---|---|---|
| **Supplier:** | Jacksonville Humane Society | **Basis of Award:** | N/A | **BID Opening Date:** | |

| | | | | | |
|---|---|---|---|---|---|
| **POA #:** | 73001-26 | **PO #:** | TBD | **Change Order #:** | NA |
| **Solicitation #:** | SS 18086 26 | **Contract #:** | NA | **Contract ADM #:** | NA |
| **Term:** | 1 year | **Options:** | NA | **Options Used:** | NA |

| | | | |
|---|---|---|---|
| **Federally Funded:** | No | **JSEB Rec:** | N/A |
| **Licenses Verified:** | No | **JSEB %:** | N/A |
| **Bonds Required:** | No | **Bonds Waived Pursuant To:** | N/A |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Fund:** | 11501 | **Center:** | 172104 | **Acct:** | 534100 | **Proj:** | 000000 | **Activity:** | 00000901 | $ 400,000.00 |
| **Fund:** | | **Center:** | | **Acct:** | | **Proj:** | | **Activity:** | | $ |
| **Fund:** | | **Center:** | | **Acct:** | | **Proj:** | | **Activity:** | | $ |

| | | | | | |
|---|---|---|---|---|---|
| **New NTE/GMP:** | $ 400,000.00 | **Contingent Amt:** | $ 0.00 | **DMP/ODPO Amt:** | $ 0.00 |

| | | | |
|---|---|---|---|
| **Using Agency/BU:** | ASAC:ANIMAL CARE AND PROTECTIVE SERVICES DIVISION | | |
| **Concurrence:** | Signed by: Ferrara, Albert 22E2F5297534412... | **Title:** | SENIOR OPERATIONS ADMINISTRATOR 8/21/2026 |
| **Concurrence:** | | **Title:** | |
| **Concurrence:** | | **Title:** | |
| **Concurrence:** | | **Title:** | |

| | | | |
|---|---|---|---|
| **Procurement Analyst/Buyer:** | Signed by: Pierce, Melissa 6FF435104847484... | **Chief of Procurement:** | Signed by: Robert Waremburg, for Dustin Freeman 8/25/2026 4812CA1D431247A... |
| **Name:** | Pierce, Melissa | **Name:** | Dustin L. Freeman |

| **Part 2 – JPAC Action:** All award actions subject to lawfully appropriated funds. | | **Part 3 – Final Awarding Authority Action:** | |
|---|---|---|---|
| **Members who approve:** | | **Action:** | |
| **Members who disapprove:** | | **Signature:** | |
| **Date:** | | **Date:** | |

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# PAF Instructions
## Part 1 (using agency)

**Form Type:** This form will be used for both Administrative Awards and JPAC Requests. Select type from dropdown options.

**Goods and/or Services:** Enter a brief description of the types of goods and services included in the request.

**Requested Action and Justification:** Enter a brief description of the requested action or authority being sought. i.e.; *Request permission to award the lowest, responsive responsible bidder for an ITB or award the highest ranked supplier for an RFP.* This block should also be used for additional information such as additional 4th account strings, or other information essential for contract execution.

**Supplier:** Enter awarded supplier name**.** If multiple, include in "Requested Action and Justification" box.

**Basis of Award:** Select from Lowest Price Technical Acceptable (LPTA), Highest Price Technical Acceptable (HPTA) or N/A.

**Bid Opening Date:** The date bids were unsealed by Procurement.

**POA #:** This is your 1Cloud generated Agreement number. Select Type, Enter Number.

**PO #:** Enter the PO number or agreement release number.

**Change Order #:** Provide the applicable change order number represented by this request.

**Solicitation #:** Select Prefix type, Enter Number, and Year.

**Contract #:** This number should be the same as your POA number (unless procured prior to 2020)

**Contract Amendment #:** Provide the applicable amendment number represented by this request.

**Term:** Select the Period of Performance or Term for the initial period.

**Options:** Period of time for each renewal or option.

**Options Used:** Prior to this request, enter how many options were already used.

**Federally Funded:** Select yes or no from dropdown if Federal Funds will be used.

**JSEB Rec:** Select Encouragement or JSEB Set Aside Option.

**JESB %:** If JSEB Participation, enter the percentage.

**Bonds Waived Pursuant to:** Select option from Drop down.

**Funding Sources:** Fund/Center/Account/Project/Activity, all fields are required even if zeros.

**New NTE/GMP:** Enter the new total not to exceed amount. Note, this should match the contract maximum indebtedness, if applicable**.**

**Contingent Amount:** If your agency requests an allowance for unforeseen additional expenses, then specify the amount of your requested increase and new NTE that represents the contingency allowance. This is over and above any quote.

**DMP/ODPO Account:** Enter the Direct Materials Purchase/Owner Direct Purchase Order Account. Used mainly for CIP (Capital Improvement/Construction) Projects

**Using Agency/BU:** Select one from the dropdown list.

**Concurrence:** Using Agency internal routing requirements for Electronic Signatures (follow Proc Manual for threshold requirements)

**Title:** Title of person electronically signing form.

**Attachments:** Included any supplemental information to the Procurement Award Form. i.e.; *Scope of work, previous awards*.

**Any field where there is no data available, or no entry is required, either leave it blank or enter N/A. Any fields where there is known data, include for informational purposes. Any changes to an original award should contain the data that is being changed and any other relevant data required for JPAC review and approval.*

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A NEW DAY.

# City of Jacksonville, Florida

*Donna Deegan, Mayor*

Office of Administrative Services
Animal Care & Protective Services Division
2020 Forest Street
Jacksonville, Florida 32204
(904) 630-CITY (2489)
www.coj.net

**MEMORANDUM**

**DATE:** **July 17, 2026**

**TO:** **Dustin Freeman, Chief**
**Procurement Division**

Initial
FAP

**THROUGH:** **Albert Ferraro**
**Senior Operations Administrator, Office of Administrative Services**

**FROM:** **Rebecca Rawls**
**Accounting Manager, Animal Care & Protective Services**

**SUBJECT:** **Single Source Request – Jacksonville Humane Society FY27**

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Animal Care and Protective Services Division (ACPS) respectfully requests approval to continue our animal transfer partnership with Jacksonville Humane Society (JHS).

JHS is the only facility within the City of Jacksonville that can provide transfer, medical care and shelter for the volume of animals and price of the proposed contract.

The contract provides for the transfer of at least 1,500 dogs and cats from either ACPS facility or direct intake at the JHS facility. The transfer program will help prevent overcrowding at the ACPS facility. The contract is for $400,000.00 in 4 quarterly payments of $100,00.00. Contract period is from October 1, 2026, thru September 30, 2027.

Funding Source: 11501.172104.534100.000000.00000901.00000.0000000 for $400,000.00

If you have any questions or require additional information, please contact me at 255-7392. Thank you for your consideration of this request.

**Attachments**
Jacksonville Humane Society Transfer Agreement Memo dated 7-14-26

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JACKSONVILLE
HUMANE SOCIETY
*Generosity breeds joy.*

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Kirk Larsen
Betty* & Tom Petway
David* & Linda Stein
Delores Barr &
J. Wayne Weaver

* In Loving Memory

**CHIEF EXECUTIVE OFFICER**
Lawrence Nicolas

**PRESIDENT & CHIEF OPERATING OFFICER**
Lauren Ghirardi

**CEO EMERITA**
Denise Deisler

July 14, 2026

Mr. Michael Bricker
Division Chief
2020 Forest Street
Jacksonville, FL 32204

Dear Michael,

Animal Care and Protective Services and the Jacksonville Humane Society would like to continue their partnership through the ACPS Transfer Program. The ACPS Transfer Program provides for the transfer of animals (dogs and cats) from the ACPS shelter to the JHS facility located at 8464 Beach Blvd., Jacksonville, Florida, and the direct intake of stray animals to the JHS facility.

JHS shall provide the following services for the ACPS Transfer Program:

- As resources allow, the transportation of pets to JHS or joint JHS/ACPS off-site adoption events; if transportation by JHS is unavailable, ACPS may transport animals to the JHS facility or joint off-site adoption events
- Intake at least 1,500 pets via transfer from ACPS or direct intake of strays
- Analysis and medical care of all pets transferred to JHS to include rehabilitation, spay/neuter surgery, shelter, and total care. Ensure that all animals to be adopted have been properly sterilized and registered for rabies protection
- A positive or live outcome for all adoptable and treatable transfers or strays
- Monthly report to be sent to ACPS within the first ten business days after the previous month; the monthly report shall also include a cumulative total for each previous month within the reporting period
- Provide ACPS with quarterly invoices in the amount of $100,000 each

Sincerely,

Lawrence Nicolas
Chief Executive Officer

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July 14, 2026

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Division Chief
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Jacksonville, FL 32204

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Sincerely,

Lawrence Nicolas
Chief Executive Officer

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FINANCE & ADMINISTRATION DEPARTMENT, PROCUREMENT DIVISION

| SINGLE SOURCE JUSTIFICATION FORM (SSJF) | |
|---|---|
| *Pursuant to the City of Jacksonville Procurement Code 126.306(a) (8) & The Procurement Operating Manual, when requesting to purchase from a Supplier subject to the referenced sections, this form is to be completed and must be submitted to the Procurement Division with applicable attachments via 1Cloud Smart Form Requisition.* | |
| ***1. Requesting Agency:*** | Animal Care & Protective Services Division |
| ***2. Nature and/or description of the requirement being requested.***<br><br>***Identify each item, component or service being procured. (Attach quote/proposal):***<br><br>***Why does the city need these particular goods or services?*** | The ACPS Transfer program provides for the transfer of at least 1,500 dogs and cats from either the ACPS facility or direct intake at the JHS facility, located at 8454 Beach Blvd Jacksonville, FL. The contracted period is from October 1, 2026 through September 30, 2027. See attached Scope of Services memo dated July 14, 2026. The transfer program will help prevent overcrowding at the ACPS facility. |
| ***3. Provide a detailed justification as to why the requested goods/services can only be efficiently and effectively procured through the recommended Single Source Supplier:*** | JHS is the only facility within the City of Jacksonville that can provide transfer, medical care, and shelter care for the volume of animals for the price of the proposed contract. |
| ***4. Date of Request*** | 7/29/2026 |

***5. Summary of Market Research***

*[Provide a description of the market research performed, how it was performed, by whom, and market research results. Please spell out acronyms.]*

[ Animal Care & Protective Services (ACPS) conducted market research to identify organizations in Jacksonville capable of providing large-scale animal intake, sheltering, and veterinary care services. Based on this review, the Jacksonville Humane Society is the only known local organization with the demonstrated capacity, staffing, veterinary resources, and infrastructure to accept approximately **1,500 animals per quarter** while providing comprehensive sheltering, medical care, and adoption services. Other local animal welfare organizations and veterinary providers offer limited rescue, sheltering, or veterinary services but do not have the demonstrated capacity to fulfill the volume and scope of services required under this contract. Accordingly, the Jacksonville Humane Society is the only known responsible source capable of meeting the City's current requirements. ]

***6. Conflict of Interest (Must Check)***

√ By checking this box, I affirm that there are no actual, potential, or perceived conflicts of interest with the entity in which I am requesting a single source award. Conflict of Interest shall be interpreted consistent with *Chapter 112, Florida Statutes.*

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***7. Other Documentation (Check and attach all that apply)***

☐ Supplier Quote

√ Single Source Memo signed by Director

√ Other [Scope of Service Memo- Dated 07/14/26 ]