Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

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: Northeast Florida Healthy Start Coalition-Infant Mortality

Requested Action and Justification:

Requesting approval to amend the award with Northeast Florida Healthy Start Coalition to reduce the annual expenditure amount from $250,000.00 to $200,000.00 due to budgetary constraints, for a revised Maximum Indebtedness of $450,000.00 for the period ending June 30, 2026.

Contract amendment to be executed by the Office of General Counsel.

Supplier:	NE Florida Healthy Start Coalition	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/27/2024

POA #:	71308-24	**PO #:**	682017-24	**Change Order #:**	NA
Solicitation #:	N/A NA N/A	**Contract #:**	71308-24	**Contract ADM #:**	1
Term:	2 years	**Options:**	2, 1 year	**Options Used:**	1

Federally Funded:	No	**JSEB Rec:**	Encouragement
Licenses Verified:	N/A	**JSEB %:**	0
Bonds Required:	No	**Bonds Waived Pursuant To:**	N/A

Fund:	00111	**Center:**	19416	**Acct:**	582001	**Proj:**	000000	**Activity:**	00002066	$ -50,000.00
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 450,000.00	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	MAAD:MAYOR ADMINISTRATION		
Concurrence:	Signed by: Joseph Underdues A1FABF4F2C4D484...	**Title:**	ADMINISTRATIVE AIDE - MA - III 3/26/2026
Concurrence:		**Title:**	
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:	Signed by: Wallace Cohen, Olive 4547B2180AE14B...	**Chief of Procurement:**	Signed by: 3/31/2026 B10F1D517352456...
Name:	Wallace Cohen, Olive	**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:**	

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

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.*

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

From: Faye Johnson
To: Joshi, Sunil - Mayor"s Office
Cc: Figueroa, Maribel - AFGC; Inderhees, Joseph - Mayor"s Office; Weinstein, Michael - Mayor"s Office; Sherman, Lynn - Mayor"s Office
Subject: RE: NE Florida Healthy Start Coalition
Date: Monday, March 23, 2026 4:41:42 PM
Attachments: image002.png

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Sunil,

Yes, I agree to the total amount FY2026 is $200k and not $250K.

Thank you,
Faye

Faye Johnson, MBA
Chief Executive Officer
Northeast Florida Healthy Start Coalition
751 Oak Street, Suite 610
Jacksonville, Fl. 32204
P 904-723-5422 | C 904-608-2597

NORTHEAST FLORIDA
Healthy Start
Coalition

From: Joshi, Sunil - Mayor's Office <SJoshi@coj.net>
Sent: Monday, March 23, 2026 4:40 PM
To: Faye Johnson <fjohnson@nefhsc.org>
Cc: Figueroa, Maribel - AFGC <FigueroaM@coj.net>; Inderhees, Joseph - Mayor's Office <JInderhees@coj.net>; Weinstein, Michael - Mayor's Office <WeinsteinM@coj.net>; Sherman, Lynn - Mayor's Office <LSherman@coj.net>
Subject: FW: NE Florida Healthy Start Coalition

Hi Faye,

I hope you are doing well. I am sending this note to confirm that City Council approved $200k for NEFHSC to engage with Community Health Workers for the FY 2026. This amount differs from the amount that was in the executed legal document.

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

I just want to confirm that you agree that the total amount for FY 2026 is $200k and not $250k.
Please let me know!

Thank you!
Sunil

Sunil Joshi, MD, FACAAI, FAAAAI
Chief Health Officer | Office of Mayor Deegan
117 West Duval Street, Suite 400
Jacksonville, Fl 32202
(p) 904-708-2673
Coj.net

A NEW DAY.

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

City of Jacksonville, Florida

Procurement Award Form (PAF)

Part 1 – Form Type: JPAC Award Request: Renewals, Extensions, and Unit Price Increases

Goods and/or Services: PAO 71308-24|| PO682017-24||| NorthEast Florida Healthy Start Coalition-Infant Mortality

Requested Action and Justification:

Requesting approval to exercise the first of two (2) renewal options to NorthEast Florida Healthy Start Coalition-Infant Mortality. Period of service is from date of executed contract through October 1, 2025- September 30th, 2026. Total expenditure no to exceed $250,000.00.

Funds for FY 25/26 has not yet been appropriated by the City. The City has no obligation for payment and works past June 2025 and is therefore not authorized unless funds are appropriated for the work herein. A written notification will be provided in the event that funds are appropriated.

Supplier:	NE Florida Healthy Start Coalition	**Basis of Award:**	Highest Evaluated	**BID Opening Date:**	03/27/2024

POA #:	71308-24	**PO #:**	682017-24	**Change Order #:**	NA
Solicitation #:	N/A NA N/A	**Contract #:**	71308-24	**Contract Amd #:**	1
Term:	2 years	**Options:**	2, 1 year	**Options Used:**	1

Federally Funded:	N/A	**JSEB Rec:**	N/A	**Bonds Waived Pursuant To:**	N/A
Licenses Verified:	N/A	**JSEB %:**	N/A		

Fund:	11415	**Center:**	194016	**Acct:**	582001	**Proj:**	010349	**Activity:**	00000000	$ 124,224.24
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$
Fund:		**Center:**		**Acct:**		**Proj:**		**Activity:**		$

New NTE/GMP:	$ 0	**Contingent Amt:**	$ 0	**DMP/ODPO Amt:**	$ 0

Using Agency/BU:	MAAD:MAYOR_ADMINISTRATION		
Concurrence:	Signed by: Sherman, Lynn 865129213C6241F...	**Title:**	ADMINISTRATIVE AIDE - MA - III 9/5/2025
Concurrence:		**Title:**	
Concurrence:		**Title:**	
Concurrence:		**Title:**	

Procurement Analyst/Buyer:		**Chief of Procurement:**	
Name:		**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:**	

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

PAF Instructions
Part 1 (using agency)

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

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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.*

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

CONTRACT
BETWEEN
CITY OF JACKSONVILLE
AND
NORTHEAST FLORIDA HEALTHY START COALITION, INC.
FOR
INFANT MORTALITY COMMUNITY HEALTH WORKERS

THIS CONTRACT for infant mortality community health workers is made and entered into this 15 day of July, 2024 (the "Effective Date"), by and between the **CITY OF JACKSONVILLE**, consolidated a municipal corporation and political subdivision existing under the Constitution and laws of the State of Florida (the "City"), and **NORTHEAST FLORIDA HEALTHY START COALTION, INC.**, a Florida not for profit corporation with its principal office at 751 Oak Street, Suite 610, Jacksonville, Florida 32204 (the "Contractor").

WHEREAS, City issued Request for Proposal Bid No. ESC-0336-24 (the "RFP") for certain services described in the RFP (the "Services"); and

WHEREAS, based on Contractor's response to the RFP, City has negotiated and awarded this Contract to Contractor; now therefore

IN CONSIDERATION of the premises and the mutual covenants contained below and of other good and valuable consideration acknowledged by the parties to be sufficient, the parties agree as follows:

1. **Performance of Services.** Contractor shall perform the Services as described in and according to (i) the RFP and the Response, each of which is incorporated into and made a part of this Contract, and (ii) the Scope of Services, attached hereto as **Exhibit A** and incorporated herein by this reference.

2. **Compensation.** Contractor shall be paid for the Services the fees detailed in the Contract Fee Schedule, attached hereto as **Exhibit B** and incorporated herein by this reference.

3. **Maximum Indebtedness.** As required by Section 106.431, *Ordinance Code*, City's maximum indebtedness for the Services under this Contract for the period of service shall be a fixed monetary amount not-to-exceed TWO HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS ($250,000.00).

4. **Term.** The period of service of this Contract shall commence on the date of its execution and continue for one (1) year through June 30, 2025, with two (2) one-year renewal options, upon satisfactory performance by Contractor.

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

5. **Contract Documents.** This Contract consists of the following documents, which are hereby incorporated as if fully set forth herein and which, in case of conflict, shall have priority in the order listed:

(i) This document, as modified by any subsequent signed amendments.

(ii) Any amendments to this document.

(iii) Specific Information Regarding the RFP (Section 1 of the RFP).

(iv) Description of Services (Section 4 of the RFP).

(v) General Instructions (Section 2 of the RFP).

(vi) General Terms and Conditions of Agreement (Section 3 of the RFP).

(vii) The Response, provided that any terms in the Response that are prohibited under the RFP shall not be included in this Contract.

7. **Notice.** All notices under this Agreement shall be in writing and shall be delivered by certified mail, return receipt requested, or by other delivery with receipt to the following:

As to City:

Lynn Sherman
Executive Director of Health Programs
117 West Duval Street, Suite 400
Jacksonville, Florida 32202

As to Contractor:

Faye Johnson
Chief Executive Officer
Northeast Florida Healthy Start Coalition
751 Oak Street, Suite 610
Jacksonville, Florida 32204

8. **Contract Managers.** Each party shall designate a Contract Manager during the Term of this Contract whose responsibility shall be to oversee the party's performance of its duties and obligations pursuant to this Contract. As of the Effective Date, City's Contract Manager is Lynn Sherman (Phone: 904.255.4628; lsherman@coj.net), and Contractor's Contract Manager is Faye Johnson (Phone: 904.723.5422; fjohnson@nefhsc.org). Each party shall provide prompt written notice to the other party of any changes to the party's Contract Manager or his or her contact information; provided, such changes shall not be deemed Contract amendments and may be provided by email.

9. **Entire Agreement.** This Contract constitutes the entire agreement between the parties hereto for the Services to be performed and furnished by Contractor. No statement, representation, writing, understanding, agreement, course of action, or course of conduct made by either party or any representative of either party which is not expressed herein shall be binding. Contractor may not unilaterally modify the

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

terms of this Contract by affixing additional terms to materials delivered to City (e.g., "shrink wrap" terms accompanying or affixed to a deliverable) or by including such terms on a purchase order or payment document. Contractor acknowledges that it is entering into this Contract for its own purposes and not for the benefit of any third party.

10. **Amendments.** All changes to, additions to, modifications of, or amendments to this Contract or any of its terms, provisions, and conditions shall be binding only when in writing and signed by the authorized officer, agent, or representative of each of the parties hereto.

11. **Counterparts.** This Contract and all amendments hereto may be executed in several counterparts, each of which shall be deemed an original, and all such counterparts together shall constitute one and the same instrument.

[Remainder of page left blank intentionally. Signature page follows immediately.]

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IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year first above written.

ATTEST:

By _____
James R. McCain, Jr.
Corporation Secretary

CITY OF JACKSONVILLE

By _____
Donna Deegan
Mayor

Karen Bowling
Chief Administrative Officer
For: Mayor Donna Deegan
Under Authority Of:
Executive Order No: 2023-02

WITNESS:

By _____
Signature

Amanda Lee
Type/Print Name

Executive Assistant
Title

NORTHEAST FLORIDA HEALTHY START COALITION, INC.

By _____
Signature

Mark L. Hudak, MD
Type/Print Name

Professor & Chair of Pediatrics, Chair, NEFHSC
Title

Form Approved:

_____
Office of General Counsel

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

Encumbrance and funding information for internal City use:

Account: 11415.194016.582001.010349.00000000.00000.0000000
Amount: $250,000.00

Maximum Indebtedness: $250,000.00

The above-stated amount is the maximum fixed monetary amount of the foregoing contract. In accordance with Section 24.103(e), *Ordinance Code*, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement.

Director of Finance
City Contract #71308-24

gc-#1633437-v1-nfhsc_71308-24_infant_mortality_rfp_cspec.docx`

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

Infant Mortality - Community Health Workers
RFP Details

ARP Funding
Expanding a current program
Bidding Process: 60 days
Budget: $250,000 X 1 year

Overview/Background:
An estimated 119 babies in Northeast Florida died before their first birthday in 2022, according to provisional data from the Florida Department of Health. In 2022, there were 116 infant deaths.

The regional provisional infant mortality rate of 6.4 deaths per 1000 live births is higher than the state rate (6.0), but the gap is closing. The provisional leading causes of death were prematurity, sudden unexpected infant deaths (sleep-related), and congenital anomalies. There were an additional 158 fetal deaths or stillbirths.

More babies are celebrating their first birthday, as the infant mortality rate in Northeast Florida, has decreased by 20% since 2018. Despite the overall progress, this has not translated into a decrease in racial disparities. In 2022, the provisional infant death rate for white babies was 4.3 deaths per 1000 live births, compared to 11.7 deaths for black babies.

Recommendations made by the Northeast Florida Zero Preventable Infant Deaths Leadership Council in 2023 are to 1) Improve participation in preconception and prenatal care. 2) Improve awareness and utilization of community programs for pregnant women and families. 3) Address the root causes of infant mortality and poor birth outcomes.

Scope of Work/Requirements:
The selected organization will be responsible for implementing and delivering services provided for women in preconception, pregnancy, and postpartum. In this expansion, tasks include, but may not be limited to the following:

- Funding must be used to support two full-time employees, including fringe benefits, supplies, and travel for one year.
- The vendor must have no less than five years of experience providing infant mortality outreach in high-risk communities.
- Community Health Workers must receive training approved by the COJ Administration Health Team.
- Canvass 1,000 or more homes in high-risk zip codes in Duval County neighborhoods where infant mortality is high, according to local data.
- Connect 200 or more pregnant women and infants to home-visiting programs for services. Including services that address the social determinants of health.
- Educate 200 or more women on safe sleep, pre-term birth prevention, and toxic stress.
- Providing preconception health education to protect the health of the baby women will have in the future.
- Engage and educate 180 additional community members, such as local businesses, faith organizations, and schools, on safe sleep, pre-term birth prevention, and toxic stress.
- Provide a quarterly report that includes updated outcomes to the Executive Director of Health Programs.

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Vendor Qualifications:

A) Minimum of five years of experience providing services directed at preventing infant mortality in high-risk communities.
B) An understanding and demonstrated experience of working with hard-to-reach diverse populations and cultures.

Minimum Requirements:

A) The organization must have a structure in place to expand the above services.
B) The organizations must provide 3 references of support from community partners.

Proposal Timeline

Proposals must be submitted by _____. The award will be granted no later than _____.

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

_____GRANT PROGRAM
Invoice Sheet
Fiscal Year 2023/2024

Name of Agency: Northeast Florida Healthy Start Coalition

Program Title: Infant Mortality Community Health Workers / Contract #71308-24 / EXHIBIT B

Month Beginning: _____ Month Ending: _____

PART I: SUMMARY OF REVENUE	APPROVED BUDGET	REVISED APPROVED BUDGET	PROJECTED START UP EXPENSES	TOTAL RECEIPTS YEAR-TO-DATE	REMAINING BALANCE
Grant Funds Received		$ -	$ -	$ -	$ -

PART II: EXPENDITURES	APPROVED BUDGET	REVISED APPROVED BUDGET	PROJECTED START UP EXPENSES	TOTAL EXPENDITURES YEAR-TO-DATE	REMAINING BALANCE
Salary & Wages					
Community Health Worker	$ 35,000.00	$ -	$ -	$ -	$ 35,000.00
Community Health Worker	$ 35,000.00	$ -	$ -	$ -	$ 35,000.00
Community Health Worker	$ 35,000.00	$ -	$ -	$ -	$ 35,000.00
Benefits					
FICA 7.65%	$ 8,032.00	$ -	$ -	$ -	$ 8,032.00
Health Insurance	$ 22,500.00	$ -	$ -	$ -	$ 22,500.00
Retirement 6%	$ 6,300.00	$ -	$ -	$ -	$ 6,300.00
Life Insurance	$ 864.00	$ -	$ -	$ -	$ 864.00
Worker's Compensation	$ 1,008.00	$ -	$ -	$ -	$ 1,008.00
Unemployment .74%	$ 777.00	$ -	$ -	$ -	$ 777.00
Office and Employee Expenses					
Occupancy Cost	$ 21,000.00	$ -	$ -	$ -	$ 21,000.00
Telephone	$ 1,800.00	$ -	$ -	$ -	$ 1,800.00
Laptops	$ 6,600.00	$ -	$ -	$ -	$ 6,600.00
Employee Screening	$ 360.00	$ -	$ -	$ -	$ 360.00
Payroll Service Fee	$ 612.00	$ -	$ -	$ -	$ 612.00
IT System Fees	$ 5,400.00	$ -	$ -	$ -	$ 5,400.00
Cell Phones	$ 1,080.00	$ -	$ -	$ -	$ 1,080.00
Office Supplies	$ 750.00	$ -	$ -	$ -	$ 750.00
Insurance (auto,liability,cyber, etc) Liability	$ 2,100.00	$ -	$ -	$ -	$ 2,100.00
Staff Travel	$ 6,750.00	$ -	$ -	$ -	$ 6,750.00
Printing Collateral Client Materials	$ 2,340.00	$ -	$ -	$ -	$ 2,340.00
Participant Assistance	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00
Training Classes & Certification	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00
HR/Finance Consulting: Pro-rata	$ 24,000.00	$ -	$ -	$ -	$ 24,000.00
Client Food	$ -	$ -	$ -	$ -	$ -
Indirect Expenses					
Indirect Expenses	$ 22,727.00	$ -	$ -	$ -	$ 22,727.00
Client Other	$ -	$ -	$ -	$ -	$ -
Client Other	$ -	$ -	$ -	$ -	$ -
TOTALS		$ -	$ -	$ -	$ 250,000.00

Awardee Use Only.

Prepared By:
Agency:
Name:
Title:
Date:
Signature:

Approved By:
Agency:
Name:
Title:
Date:
Signature:

For COJ Use Only. Do not Complete.
Reviewed By:
City of Jacksonville
Name:
Title:
Date:
Signature:

*This request is submitted pursuant to Section 837.06, Florida Statutes

Contract Purchase Agreement POA-71308-24

Agreement	POA-71308-24
Agreement Date	16-MAY-2024
Revision	0
Agreement Amount	250,000.00 USD
Solicitation Number	ESC-0336-24

Sold To

City of Jacksonville
117 West Duval Street
Suite 375
JACKSONVILLE, FL 32202
US

Supplier

Northeast Florida Healthy Start Coalition
644 Cesery Boulevard
Suite 210
JACKSONVILLE, FL 32211

Notes

Supplier Number	Payment Terms	Freight Terms	FOB	Shipping Method
24914	Net 30	Freight Prepaid	FOB Destination	Best Way
Start Date	**End Date**		**Confirm To**	
05-Jun-2024	05-Jun-2025		Renata Barnett rbarnett@coj.netPhone 904-2558843	

DRAFT

This Order is subject to the General Conditions attached here to. Manufacturer's Federal excise tax exempt no 59-89-0120K Florida State sales and use tax exemption no. 85-8012621607C-8	Approved by Dustin L. Freeman, Chief of Procurement Division

Docusign Envelope ID: E6EF6FDC-BF61-4EB3-A63A-3A690A4017D5

BID #: ESC-0336-24

OPEN DATE: 3/20/2024

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: EVALUATED BID – ONE (1) YEAR FROM DATE OF EXECUTED CONTRACT WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS.

AGENCY: MAYOR'S OFFICE

BASIS OF AWARD: HIGHEST SCORE BASED ON EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 8 **NUMBER RECEIVED:** 2 **OTHER:** 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to amend the award with Florida Healthy Start Coalition, Inc. to correct the not to exceed amount from $200,000.00 to $250,000.00. All other terms and conditions remain the same.

Funding for this award to be encumbered by: 11415.194016.582001.010349.00000000.00000.0000000 to be executed by formal contract agreement through the Office of General Counsel.

ATTACHMENTS: Recommendation Memo, Previous Award

ANALYST: RENATA BARNETT

RESPECTFULLY SUBMITTED: DUSTIN FREEMAN, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: LYNN SHERMANN, EXECUTIVE DIRECTOR

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5 MEMBERS DISAPPROVING 0 DATE: 6/6/2024

OTHER:

ACTION OF AWARDING AUTHORITY DATE 6/7/2024

APPROVED ✓ DISAPPROVED

OTHER

SIGNATURE OF AUTHENTICATION

Karen Bowling
Chief Administrative Officer
For: Mayor Donna Deegan
Under Authority Of:
Executive Order No: 2023-02