

Contract ID#: **COHE08000078-09**Department: **Health****E-6-16**SERVICE: **Clinic Services**

R7

RUSH!**Contract Details**NIFS ID #: **CLHE15000015 -01**NIFS Entry Date: **12/18/15**Term: from: **4/1/15** to **12/31/15**

New <input type="checkbox"/> Renewal <input type="checkbox"/>
Amendment <input checked="" type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input checked="" type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3) CSEA Agmt. § 32 Compliance Attached:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Agency Information

Vendor	
Name Nassau Healthcare Corporation	Vendor ID# 113-465-690-01
Address 2201 Hempstead Turnpike, East Meadow, NY 11554	Contact Person Victor F. Politi, MD
	Phone 516-572-6711

County Department
Department Contact Toni Mason
Address Nassau County Dept. of Health 60 Charles Lindbergh Blvd Uniondale, NY
Phone (516) 227-8612

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fw'd.	SIGNATURE	Leg. Approval Required
12/18/15	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered <input checked="" type="checkbox"/>	12/18/15	Toni Mason	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	12/23/15	[Signature]	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
12/23/15	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	12/23/15	G. Imato	
12/23/15	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	12/23/15	[Signature]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	1/8/16	Concetta A. Petrucci	
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
1/8/16	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	1/8/16	[Signature]	

RECEIVED

10

8-6-3

11-11-3

11-11-3



Contract Summary

Description: Add \$3,750,000 to the \$1,250,000 in CLHE15000003 extension to the NHCC Successor Agreement dated 11/1/07 due to expire 12/31/14 and extended now to 12/31/15.
Purpose: The Public Health Services Contract continues the County's current payments to NHCC for public health services at a cost of \$5M annually
Method of Procurement: Designated preferred vendor.
Procurement History: In 2004 the County and NHCC entered into a Stabilization Agreement amending the 1999 Acquisition Agreement between the parties. The November 1, 2007 contract terminates on December 31, 2014. A three month extension was executed November 24, 2015 and now a nine month extension is required.
Description of General Provisions: Paragraph 4(a)(1) five million dollars (\$5,000,000) per year, payable in quarterly installments, for Contracted Public Health Services other than those in connection with the Institute for Healthcare Disparities. \$1,250,000 in the three month extension and now \$3,750,000 in amendment #2.
Impact on Funding / Price Analysis: The County included sufficient funds for these payments in the 2015 adopted budget.
Change in Contract from Prior Procurement: N/A
Recommendation: (approve as submitted)

Advisement Information

BUDGET CODES	
Fund:	GEN
Control:	HE
Resp:	RC4500
Object:	DG906
Transaction:	109

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$2,400,000
Federal	\$
State	\$1,350,000
Capital	\$
Other	\$
TOTAL	\$3,750,000

LINE	INDEX/OBJECT CODE	AMOUNT
1	HEGEN4500	\$3,750,000
2		\$
3		\$
4		\$
5		\$
6		\$
TOTAL		\$3,750,000

Document Prepared By: **Toni Mason**Date: **12/18/15**

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name: <i>[Signature]</i>
Name	Name	Date: <i>1/8/16</i>
Date	Date	(For Office Use Only)
		E #:

E-6-15

RULES RESOLUTION NO. 7 - 2016

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES
AGREEMENT BETWEEN THE COUNTY OF NASSAU AND NASSAU
HEALTH CARE CORPORATION

Passed by the Rules Committee
Nassau County Legislature
Be It Enacted on 1-25-16
YEAS: 6 NAYES: 1 ABSTAINED: 0 RECUSED: 0
Legislators present: 7

WHEREAS, the County has negotiated an amendment to a personal services agreement with Nassau Health Care Corporation extending the term and extending payment, respecting the operation of health care facilities, a copy said amendment which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said amendment to the agreement with Nassau Health Care Corporation.

100-2

7

01-20-1

0 2 1 0



Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: Nassau Health Care Corporation

2. Dollar amount requiring NIFA approval: \$ 3,750,000.00

Amount to be encumbered: \$ 3,750,000.00

This is a ☐ New Contract ☐ Advisement ☒ Amendment

If new contract - \$ amount should be full amount of contract

If advisement - NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

3. Contract Term: 4/1/2015-12/31/2015

Has work or services on this contract commenced? ☒ Yes ☐ No

If yes, please explain: On going clinic services to residents of Nassau County

4. Funding Source:

☒ General Fund (GEN) ☐ Grant Fund (GRT) Federal %
☐ Capital Improvement Fund (CAP) State % 36
☐ Other County % 64

Is the cash available for the full amount of the contract? ☒ Yes ☐ No

If not, will it require a future borrowing? ☐ Yes ☐ No

Has the County Legislature approved the borrowing? ☐ Yes ☐ No ☐ N/A

Has NIFA approved the borrowing for this contract? ☐ Yes ☐ No ☐ N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

The contractor will provide Public Health Services including dental health education for children under age 21; primary and preventative health care for the uninsured; lead poisoning screening; prenatal care; family planning STD evaluation testing and treatment; immunization education and vaccine administration; chronic disease clinical evaluation, patient education testing & treatment; HIV counseling testing treatment and referral TB clinical evaluation education testing & treatment.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form ☒ Yes ☐ No ☐ N/A
Nassau County Committee and/or Legislature ☒ Yes ☐ No ☐ N/A

Date of approval(s) and citation to the resolution where approval for this item was provided:

n/a

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

see attached

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

deliberations.

Rosemary Miller 12/22/15

Signature Title Date

Print Name _____

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Signature	Title	Date
-----------	-------	------

Print Name _____

NIFA

Amount being approved by NIFA: _____

Signature	Title	Date
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Print Name

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

ACTIVE

BALANCE (Y,M,Q,A) : Y

FISCAL MO/YEAR : 12 2015 DEC 2015

INDEX : HEGEN4500 INFECTIOUS DISEASE CONTROL

ORGANIZATION :

CHARAC / OBJECT : X

FDTP FUND SFND :

PROJECT PROJ DTL :

GRANT GRANT DTL :

UCODE/ORD#/DRC :

S	OBJECT DESCRIPTION	ORIG BUDGT	CUR BUDGET	CUR OBLIG	CUR BALANCE
BF	RENTS & RE			7,204	7,204
BH	DEPT REVEN	2,000	2,000		-2,000
SA	STATE AID	1,216,000	1,216,000	290,609	-925,391
	REV TOTAL	1,218,000	1,218,000	297,813	-920,187
AA	SALARIES,	348,325	393,325	317,759	75,566
DD	GENERAL EX	112,500	112,500	29,344	83,156
DG	VAR DIRECT	5,000,000	5,000,000	1,250,000	3,750,000
F1-HELP	F2-SELECT		F4-PRIOR	F5-NEXT	
F7-PRIOR PG	F8-NEXT PG	F9-LINK			
GO10 - PRIOR PAGE DISPLAYED					

LINK TO:

ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQCW99041913	18	CCGEN1320	DE524	962	3487782.31	1012217.69
	CQSS14000066	01	SSGEN2400	DE500	962	2105946.00	.00
	CFPW99000158	01	PWCAPCAP	00006	962	2000000.00	.00
	CFPW99000158	02	PWCAPCAP	00006	962	14500000.00	.00
	CFPW99000158	03	PWCAPCAP	00006	962	700000.00	.00
	CFPW99000158	04	PWCAPCAP	00006	962	5300000.00	.00
	CQBH09000088	01	BHGRT8B00FED	DE511	962	378920.96	1078.04
	CQBH09000088	02	BHGRT8R00NYS	DE511	962	.00	.00
	CQBH09000088	03	BHGRT8B00FED	DE511	962	305389.30	396610.70
	CQBH09000088	04	BHGRT8B00FED	DE511	962	522282.00	.00
	CQBH09000088	05	BHGRT8B00FED	DE511	962	473049.00	.00
	CQBH09000088	06	BHGRT8B00FED	DE511	962	185000.00	.00

F1-HELP F2-SELECT

F4-PRIOR F5-NEXT

F7-PRIOR PG F8-NEXT PG F9-LINK

F10-TOTALS

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQBH09000088	07	BHGRT8B00FED	DE511	962	35000.00	1000.00
	CQBH11000090	01	HSGEN1501	DE511	962	818357.00	.00
	CQBH11000090	02	HSGEN1501	DE511	962	818357.00	.00
	CQBU08000002	01	MIGEN9100	HC80B	962	9000000.00	.00
	CQBU08000002	02	MIGEN9100	HC80B	962	4000000.00	.00
	CQBU08000002	04	MIGEN9100	HC80B	962	13000000.00	.00
	CQBU08000002	05	MIGEN9100	HC80B	962	13000000.00	.00
	CQBU08000002	06	BUGEN1720	HC80B	962	13000000.00	.00
	CQBU08000002	07	BUGEN1720	HC80B	962	13000000.00	.00
	CQBU08000002	08	BUGEN1720	HC80B	962	13000000.00	.00
	CQBU08000003	01	MIGEN9100	HC80G	962	29415011.00	.00
	CQBU08000003	02	MIGRTMCY80TH	HC80G	962	47811571.00	.00

F1-HELP

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F8-NEXT PG

F9-LINK

F10-TOTALS

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VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

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S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQBU08000004	01	MIGEN9100	HC80G	962	4000000.00	.00
	CQBU08000004	02	MIGRTMCY80TH	HC80G	962	13900000.00	.00
	CQBU12000001	01	BUGEN1500	DE500	962	-6978.87	.02
	CQBU12000001	02	HEGEN2100	DE500	962	43046.10	19153.90
	CQBU12000001	03	PDPDH1137	DE500	962	213388.13	21611.87
	CQBU12000001	04	FCFCF1100	DE524	962	137226.00	72774.00
	CQBU12000001	05	PBGEN1300	DE500	962	6475.46	8524.54
	CQBU12000001	06	PBGEN1400	DE500	962	606.00	4394.00
	CQBU12000001	07	PWGEN1050	DE524	962	19281.00	5719.00
	CQBU12000001	08	PWSSW6110	DE524	962	2375.00	47625.00
	CQCW00000799	01	PKCPF1100	DE500	962	80.00	.00
	CQCW00000799	02	PKCPF1100	DE500	962	372.00	.00

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F10-TOTALS

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQCW000000799	03	PKCPF1100	DE500	962	230.00	.00
	CQCW000000799	04	PKCPF1100	DE500	962	184.00	.00
	CQCW000000799	05	PKCPF1100	DE500	962	484.00	.00
	CQCW000000799	06	PKCPF1100	DE500	962	183.00	.00
	CQCW000000799	07	PKCPF1100	DE500	962	.00	.00
	CQCW000000799	08	PKGGEN1100	DE500	962	.00	.00
	CQCW000000799	09	PKGGEN1100	DE500	962	1135.44	.00
	CQCW000000799	10	PKGGEN1100	DE500	962	.00	.00
	CQCW000000799	11	PKGGEN1100	DE500	962	2063.41	.00
	CQCW000000845	01	HEGRTP292FED	DE500	962	.00	.00
	CQCW01001663	01	HEGRT3B00FED	DE500	962	106900.00	.00
	CQCW01001663	02	HEGRT3B98FED	DE500	962	10000.00	.00

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F7-PRIOR PG F8-NEXT PG F9-LINK

F10-TOTALS

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQCW03000927	01	MEGEN1100	DE509	962	1126334.08	.00
	CQCW03000927	02	REGEN1000	94994	962	554882.91	.00
	CQCW03000927	03	REGEN1000	94994	962	863093.58	.00
	CQCW03000927	04	REGEN1000	94994	962	890172.03	.00
	CQCW03000927	05	REGEN1000	94994	962	923825.28	.00
	CQCW03000927	06	REGEN1000	94994	962	924665.40	.00
	CQCW03000927	07	REGEN1000	94994	962	934891.89	.00
	CQCW03000927	08	REGEN1000	94994	962	958010.28	.00
	CQCW03000927	09	REGEN1000	94994	962	2741.40	.00
	CQCW03000927	10	PWGEN1100	94994	962	974079.99	.00
	CQCW03000927	11	PWGEN1100	94994	962	993402.54	16040.88
	CQCW03000976	01	DRGEN4050	DE500	962	240625.00	.00

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F10-TOTALS

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VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

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	CQCW03000976	02	DRGEN4060	DE500	962	275000.00	.00
	CQCW03000976	03	DRGEN4070	DE500	962	275000.00	.00
	CQCW03000976	04	DRGEN4110	DE500	962	240625.00	.00
	CQCW03000976	05	DRGEN4180	DE500	962	36582.12	.00
	CQCW03000976	06	DRGRTY999NYS	DE500	962	19467.00	.00
	CQCW03000976	07	DRGRTY999NYS	DE500	962	76188.00	.00
	CQCW03000976	08	DRGRTY999NYS	DE500	962	78493.00	.00
	CQCW03000976	09	DRGRTY999NYS	DE500	962	80560.00	.00
	CQCW03000976	10	DRGRTY999NYS	DE500	962	21902.00	.00
	CQCW03000976	11	DRGRTY999NYS	DE500	962	44291.00	.00
	CQCW03000976	12	DRGRTY999NYS	DE500	962	22552.00	.00
	CQCW03000976	13	DRGEN4050	DE500	962	315474.00	.00

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S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQCW99041913	01	CCGEN1320	DE500	962	4151417.77	.00
	CQCW99041913	02	CCGEN1320	DE500	962	16000000.00	.00
	CQCW99041913	03	CCGEN1320	DE500	962	18500000.00	.00
	CQCW99041913	04	CCGEN1320	DE524	962	27019417.87	.00
	CQCW99041913	05	CCGEN1320	DE524	962	17970432.12	.00
	CQCW99041913	06	CCGEN1320	DE524	962	23249966.48	.00
	CQCW99041913	07	CCGEN1320	DE524	962	19498314.62	.00
	CQCW99041913	08	CCGEN1320	DE524	962	28407967.61	.00
	CQCW99041913	11	CCGEN1320	DE524	962	20870194.94	.00
	CQCW99041913	12	CCGEN1320	DE524	962	24287455.14	.00
	CQCW99041913	13	CCGEN1320	DE524	962	24014600.07	.00
	CQCW99041913	14	CCGEN1320	DE524	962	25017866.82	237427.65

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S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQCW99041913	15	CCGEN1320	DE524	962	15645035.82	2628.50
	CQCW99041913	16	CCGEN1320	DE524	962	5962881.32	37118.68
	CQCW99041913	17	CCGEN1320	DE524	962	4716838.97	1283161.03
	CQDR05000038	01	DRGRTY999NYS	DE511	962	400570.32	.00
	CQDR05000038	02	DRGRTY999NYS	DE511	962	393548.98	.00
	CQFC07000007	01	FCFCF1100	DE524	962	59619.69	.00
	CQFC07000007	02	FCFCF1100	DE524	962	50475.42	.00
	CQFC07000007	03	FCFCF1100	DE524	962	58213.91	9061.09
	CQFC07000007	04	FCFCF1100	DE524	962	62468.00	.00
	CQFC11000003	01	FCFCF1100	DE524	962	58629.10	370.90
	CQHE08000078	01	HEGEN5000	DE500	962	5000000.00	.00
	CQHE08000078	02	HEGEN5000	DE500	962	5000000.00	.00

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQHE08000078	03	HEGEN5000	DG906	962	5000000.00	.00
	CQHE08000078	04	HEGEN5000	DG906	962	5000000.00	.00
	CQHE08000078	05	HEGEN4500	DG906	962	5000000.00	.00
	CQHE09000041	01	HEGRTBTY2FED	DE500	962	.00	.00
	CQHE10000313	01	HEGRTW100NYS	DE500	962	72475.72	.00
	CQHE10000313	02	HEGRTW100NYS	DE500	962	50779.97	.00
	CQHE10000313	03	HEGRTW100NYS	DE500	962	57009.23	.00
	CQHE10000313	04	HEGRTW100NYS	DE500	962	90055.68	.00
	CQHS13000154	01	HSGEN1501	DE511	962	818357.00	.00
	CQHS13000154	02	HSGEN1501	DE511	962	.00	750000.00
	CQHS13000154	03	HSGEN1502	DE511	962	.00	68357.00
	CQPB12000004	01	PBGEN1400	DE500	962	30211.33	73788.67

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQPW11000014	01	PWGEN1050	DE524	962	10940.00	14060.00
	CQPW11000014	02	PWSSW6110	DE524	962	.00	95000.00
	CQRE06000005	01	REGEN1000	94994	962	349692.88	.00
	CQRE06000005	02	REGEN1000	94994	962	496576.37	.00
	CQRE06000005	03	REGEN1000	94994	962	455774.15	.00
	CQRE06000005	04	REGEN1000	94994	962	464587.60	.00
	CQRE06000005	05	REGEN1000	94994	962	474369.88	.00
	CQRE06000005	06	REGEN1000	94994	962	287304.20	.00
	CQRE06000005	07	REGEN1000	94994	962	195438.72	.00
	CQRE06000005	08	PWGEN1100	94994	962	200091.32	.00
	CQRE06000005	09	PWGEN1100	94994	962	204064.32	.00
	CQRE06000006	01	REGEN1000	94994	962	277794.48	.00

F1-HELP

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F7-PRIOR PG F8-NEXT PG F9-LINK

F10-TOTALS

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQRE06000006	02	REGEN1000	94994	962	424240.76	.00
	CQRE06000006	03	REGEN1000	94994	962	438440.08	.00
	CQRE06000006	04	REGEN1000	94994	962	448198.20	.00
	CQRE06000006	05	REGEN1000	94994	962	457635.36	.00
	CQRE06000006	06	REGEN1000	94994	962	102332.51	.00
	CQRE06000006	07	REGEN1000	94994	962	.00	.00
	CQSS10000034	01	SSGEN5100	DE500	962	2957.64	.00
	CQSS10000096	01	SSGEN2100	DE500	962	212184.32	.00
	CQSS11000023	01	SSGEN5100	DE500	962	2008.00	.00
	CQSS11000025	01	SSGEN2400	DE500	962	3649999.99	.01
	CQSS11000025	02	SSGEN2400	DE500	962	2349999.99	.01
	CQSS11000025	03	SSGEN2400	DE500	962	2349999.96	.04

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQSS11000026	01	SSGEN2100	DE500	962	237719.80	.00
	POME03000286	01	MEGRTFGY3NYS	CC297	962	363.00	.00
	POME11000177	01	MEGEN1300	DD405	962	134.44	524.44
	POME12000406	01	MEGEN1200	DD405	962	1750.00	250.00
	POME14000010	01	MEGEN1200	DD406	962	8000.00	.00
	POME14000407	01	MEGEN1350	DD406	962	1978.07	2821.93
	CQBU12000001	09	PBGEN1300	DE500	962	2336.82	2663.18
	CQBU12000001	10	PBGEN1400	DE500	962	955.41	1044.59
	CQBU12000001	11	PBGEN1300	DE500	962	.00	5000.00
	CQBU12000001	12	PBGEN1400	DE500	962	920.00	3080.00
	CQCW99041913	19	CCGEN1320	DE524	962	1274616.34	2905383.66
	CQCW03000927	12	PWGEN1100	94994	962	754074.90	251358.30

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F10-TOTALS

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ACTIVE

FISCAL MO/YEAR : 12 2015 DEC 2015

VENDOR : 113465690 01 NASSAU HEALTH CARE CORPORATION

G/L ACCOUNT : 962 ENCUMBRANCES

SUBSIDIARY :

S	DOCUMENT	INDEX	SUBOBJ	G/L	SUBSID	PAY/RCPT	BALANCE
	CQRE06000005	10	PWGEN1100	94994	962	1112674.80	.00
	CQRE06000005	11	PWGEN1100	94994	962	.00	205326.96
	CQCW00000799	12	PKGEN1100	DE500	962	2715.41	284.59
	CQRE06000005	12	PWGEN1100	94994	962	104673.48	213533.90
	POME15000278	01	MEGEN1200	DD406	962	2973.54	3892.46
	CQHE08000078	08	HEGEN4500	DG906	962	.00	1250000.00
	CQHE10000313	05	HEGRTW100NYS	DE500	962	.00	131040.00

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George Maragos
Comptroller



OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Nassau Health Care Corporation

CONTRACTOR ADDRESS: 2201 Hempstead Turnpike, East Meadow, NY 11554

FEDERAL TAX ID #: 11-3465690-01

Instructions: Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.

I. ☐ **The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids.** The contract was awarded after a request for sealed bids was published in _____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ **The contractor was selected pursuant to a Request for Proposals.**

The Contract was entered into after a written request for proposals was issued on (date) _____. Potential proposers were made aware of the availability of the RFP by _____ (newspaper advertisement, posting on website, mailing, etc.), _____ (#) of potential proposers requested copies of the RFP. Proposals were due on _____ (date). _____ (#) proposals were received and evaluated. The evaluation committee consisted of _____ (list members). The proposals were scored and ranked. As a result of the scoring and ranking (attached), the highest-ranking proposer was selected.

III. ☒ This is a renewal, extension or amendment of an existing contract.

The contract was originally executed by Nassau County on 8/5/08 . This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP. The original contract was entered into after the 1999 Acquisition Agreement. Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

- ☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**
- ☐ B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

- ☐ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
- ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- ☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. _____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.
- ☐ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

VIII. ☒ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

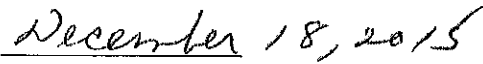
IX. ☐ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. ☐ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No. 87-41, 1987-1 C.B. 296*, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.



Department Head Signature



Date

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.
Compt. form Pers./Prof. Services Contracts: Rev. 09/15



NASSAU COUNTY
DEPARTMENT OF HEALTH
106 CHARLES LINDBERGH BLVD.
UNIONDALE, NY 11553

Contractor Evaluation Form

Contract Number: CQHE108000078-09 *C & HE 08000078-08*

Contract Name: Nassau Health Care Corporation.....

Service Provided: Clinic Services.....

Evaluation Period: From: 1/1/14 To: 12/31/14

Evaluator's Name, Title, Phone #: Carolyn McCummings, MPH- Division Director

Date: 12/22/15 *Carolyn McCummings - Division Director*

Please evaluate the contractor's performance for the evaluation period. Upon completing factors (a) through (e), provide your overall assessment of contractor performance and answer the final question. Definitions of the rating scale and rating factors are provided on the back of this form. Additional comments may be provided on a separate sheet.

PERFORMANCE EVALUATION FACTORS	Unsatis- factory 1	Poor 2	Fair 3	Good 4	Excellent 5
a. Quality of Service				X	
b. Timeliness of Service			X		
c. Cost Effectiveness			X		
d. Responsiveness to NCDOH Requests			X		
e. Number of Complaints			X		
f. Problem Resolution			X		
Overall Performance Evaluation			X		

Do you recommend the contractor for future contracts? *X* Yes No

Definition of Quantitative Scale

1 = Unsatisfactory 2 = Poor 3 = Fair 4 = Good 5 = Excellent

Unsatisfactory	Performance is not effective.
Poor	Performance is marginally effective.
Fair	Performance is somewhat effective.
Good	Performance is consistently effective.
Excellent	Performance exceeds expectations.

Definition of Rating Factors

Quality of Service. This factor addresses the quality of service provided by the contractor. In assessing service quality, address the following questions:

- Does the vendor comply with contract requirements?
- Are reports accurate?
- Are vendor staff properly trained and managed?
- Does the vendor exhibit technical proficiency in service delivery?
- Does the vendor understand and embrace service and program goals?
- Is positive feedback received from customers served and NCDOH staff?

Timeliness of Performance. This factor addresses the timeliness of service delivery. In assessing timeliness of performance, address the following questions:

- Does the vendor meet established schedules for service delivery?
- Is the vendor reliable?
- Does the vendor stay on schedule despite problems?

Cost Effectiveness

- Does the vendor operate within the contract budget?
- Are vendor personnel appropriate for the service provided?
- Does the vendor exhibit an appropriate and efficient use of resources?
- Are billings current, accurate and complete?
- Are costs properly allocated?
- Does the vendor bill unallowable costs?

Responsiveness to NCDOH Requests

- Are the vendor's communications clear and effective?
- Is the vendor positively responsive to NCDOH requests?
- Is the vendor positively responsive to NCDOH special requests?

Number of Complaints

- Have a large number of complaints concerning service delivery been received from:
 - NCDOH staff?
 - Other Nassau County departments?
 - Customers served?

Problem Resolution.

- Is the vendor able to positively address and resolve problems?
 - Is the vendor pro-active in anticipating and avoiding or mitigating problems?
 - Does the vendor satisfactorily overcome or resolve problems?
 - Does the vendor provide prompt notification of problems to NCDOH?
 - Does the vendor provide effective solutions?
 - Does the vendor take prompt corrective action?
-

AMENDMENT NO. 2

This AMENDMENT dated as of April 1, 2015, between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), and (ii) Nassau Health Care Corporation, a New York State public benefit corporation, having its principal office at 2201 Hempstead Turnpike, East Meadow, New York 11554 (the "NHCC")

WITNESSETH:

WHEREAS, pursuant to the County contract entitled Public Health Services Contract between the County and NHCC, executed on behalf of the County as of November 1, 2007 (the "Agreement") as such may have been amended from time to time, NHCC provides certain contracted health services to the County, which services are more fully described in the Agreement (the services contemplated by the Agreement, the "Services"); and

WHEREAS, the term of the Agreement is from November 1, 2007 until December 31, 2014; and

WHEREAS, the Agreement was extended by Amendment #1 from January 1, 2015 to March 31, 2105; and

WHEREAS, the County and NHCC desire to modify the Agreement.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. Amendment of Term. The Agreement shall be amended and thereby extended by nine months, so that the termination date of the Agreement, as amended by this Amendment No.2, shall be December 31, 2015.

2. Extension of Payment. The County shall pay NHCC the sum of Three Million Seven Hundred Fifty Thousand and 00/100 (\$3,750,000.00) Dollars for the amended term in connection with Contracted Public Health Services other than those in connection with the Institute for Healthcare Disparities as set forth in paragraph 4(1) of the Agreement.

3. Supremacy. In the event of an actual conflict between the terms and conditions set forth above the signature page to this Amendment and (i) those contained in any schedule, exhibit, appendix, or attachment to this Agreement or (ii) the Agreement, the terms and conditions set forth above the signature page of this Amendment shall control.

4. Full Force and Effect. All the terms and conditions of the Agreement not expressly amended by this Amendment No. 2 shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 2 as of the date first above written.

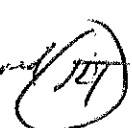
NHCC.

By: 

Name: Peter Palmer

Title: Pres/CEO

Date: 12/18/15

NHCC Legal Affairs, Form Approved 

NASSAU COUNTY

By: _____

Name: _____

Title: _____

Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 17th day of December in the year 2015 before me personally came Victor F. Politi MD to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the CEO of NHCC, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

Linda E. Rugolo
NOTARY PUBLIC

LINDA E. RUGOLO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01RU6042479
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 5/30/2018

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the ____ day of _____ in the year 20__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

E-6-16

Page 1 of 4

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: Nassau Health Care Corporation
Address: 2201 Hempstead Turnpike
City, State and Zip Code: East Meadow, NY 11554
2. Entity's Vendor Identification Number: _____
3. Type of Business: ☐ Public Corp ☐ Partnership ☐ Joint Venture
☐ Ltd. Liability Co ☐ Closely Held Corp ☒ **Public Benefit Corporation** Other (specify)
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

See List Attached as Appendix A

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation include a copy of the 10K in lieu of completing this section.

N/A NHCC is a public benefit corporation created pursuant to Public Authorities Law 3401, et. seq., that operates Nassau University Medical Center, A. Holly Patterson Extended Care Facility, and co-operates several community health centers.

E-10-10

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

See List Attached as Appendix B.

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements, or to otherwise engage in lobbying as the term is defined herein. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

(a) Name, title, business address and telephone number of lobbyist(s):

None

(b) Describe lobbying activity of each lobbyist. See page 4 of 4 for a complete description of lobbying activities.

N/A

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated: 10/21/15

Signed: 

Print Name: John P. Maher

Title: Executive Vice President, Chief Financial Officer/
Treasurer

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

Appendix A

Nassau Health Care Corporation

As of 10/13/2015

Board of Directors

Chairperson:

Michael B. Mirotznik, Esq., 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Members:

Russell Caprioli, DPM 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Steve Cohn, Esq. 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Michael M. DeLuca, MPA 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Victor A. Gallo, MD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Jemma Marie-Hanson, RN 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Greg-Patric Martello, Esq. 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Linda Reed 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Asif M. Rehman, MD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

David J. Sussman, MD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

John A. Venditto, MD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Andrew Zucaro 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Warren D. Zysman, LCSW 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Victor F. Politi, MD, FACP, FACEP 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Krishan Kumar, MD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Frank J. Saracino, EdD 2201 Hempstead Turnpike, 19th Floor, East Meadow, NY 11554

Officers

Chief Executive Officer	Victor F. Politi, MD, FACP, FACEP 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Executive Vice President, Legal Affairs	John J. Ciotti, Esq. 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Executive Vice President, Chief Financial Officer/Treasurer	John P. Maher, MPH 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Executive Vice President, Ambulatory Care	Robert S. Heatley 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Executive Vice President, Human Resources	Maureen Roarty 2201 Hempstead Turnpike, East Meadow, NY 11554
Executive Vice President, Nursing	Kathy Skarka, RN, MSN, CNA 2201 Hempstead Turnpike, East Meadow, NY 11554
Executive Vice President/Special Assistant NHCC/ Legal Affairs	Craig V. Rizzo, Esq. 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Deputy Executive Director/ Executive Vice President for Administration	Harold E. McDonald, MPA 2201 Hempstead Turnpike, 19 th Floor, East Meadow, NY 11554
Executive Vice President, Medical Affairs /Acting Chief Medical Officer	Victor J. Scarmato, MD, MBA, FACR
Secretary	Vacant

Appendix B

Nassau Health Care Corporation

As of 10/13/2015

Affiliated & Related Companies

1. Nassau Health Care Foundation, Inc. - NY Not-For-Profit Corporation
2. Long Island Medical Foundation, Inc. d/b/a NuHealth Foundation” –NY Not-For-Profit Corporation
3. A. Holly Patterson Extended Care Facility, Inc. –NY Not-For-Profit Corporation
4. Newco ALP Inc. – NY Not-For-Profit Corporation
5. Roosevelt HC, Inc. – NY Not-For-Profit Corporation
6. NHCC, Ltd. - Organized under the Companies Law of Cayman Islands.
7. NHCC Medical Faculty Practice Plan, P.C. d/b/a Nassau Medical Associates – NY Professional Corporation
8. Oak Street Psychiatric Services, P.C. - NY Professional Corporation
9. South Ocean Care, LLC –NY Limited Liability Company
10. NUH- 1 Inc. – NY Not-For-Profit Corporation
11. NUH- 2 Inc. - NY Not-For-Profit Corporation
12. NUH- 3 Inc. - NY Not-For-Profit Corporation
13. NUH- 4 Inc. - NY Not-For-Profit Corporation
14. NUH- 5 Inc. - NY Not-For-Profit Corporation
15. Long Island FQHC, Inc. - NY Not-For-Profit Corporation

** In addition to the entities listed above, NHCC has several clinical and educational affiliations.

Contract ID#: COHE08000078-08**E-155-15**Department: Health**Contract Details**SERVICE: Clinic ServicesNIFS ID #: CLHE15000003NIFS Entry Date 6/5/2015 Term: from: 1/1/15 to 3/31/2015**RUSH!**

New <input type="checkbox"/> Renewal <input type="checkbox"/>	1) Mandated Program:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amendment <input checked="" type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agmt. § 32 Compliance Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Addl. Funds <input checked="" type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Blanket Resolution <input type="checkbox"/>	5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RES#		

Agency Information

Vendor	
Name Nassau Healthcare Corporation	Vendor ID# 11-3465690-01
Address 2201 Hempstead Turnpike East Meadow, NY 11554	Contact Person Victor F. Politi, MD
	Phone 516-572-6711

County Department	
Department Contact Ginny Mundy	
Address 60 Charles Lindbergh Blvd. Ste. 112 Uniondale, NY 11553	
Phone 516-227-8589	

Routing Slip

DATE Rec'd	DEPARTMENT	Internal Verification	DATE App'd Pw'd	SIGNATURE	Leg. Approval Required
6/19/15	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered <input checked="" type="checkbox"/>	6/19/15	<i>[Signature]</i>	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	6/25/15	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
7/2/15	County Attorney	CA RE & Insurance Verification <input type="checkbox"/>	7/2/15	<i>[Signature]</i>	
7/2/15	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	7/2/15	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	7/1/15	<i>[Signature]</i>	
	County Attorney	NIFS Approval <input type="checkbox"/>	7/1/15	<i>[Signature]</i>	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/>	7/1/15	<i>[Signature]</i>	
7/3/15	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	7/3/15	<i>[Signature]</i>	



Contract Summary

Description: Add \$1,250,000.00 and extend the NHCC Public Health Services Contract dated 11/1/07 which expired 12/31/14 to 3/31/2015.
Purpose: The Public Health Services Contract continues the County's current payments to NHCC for public health services at a cost of \$5M annually. We are extending this contract quarterly while negotiations continue in order to provide continuation of services to our residents.
Method of Procurement: Designated preferred vendor.
Procurement History: In 1999 when the Public Benefit Corp. was formed, the County entered into a Public Health Service Contract to operate medical clinics to meet mandated Public Health requirements.
Description of General Provisions: Five million dollars (\$5,000,000.00) per year, payable in quarterly installments, for Contracted Public Health Services other than those in connection with the Institute for Healthcare Disparities.
Impact on Funding / Price Analysis: The County included sufficient funds for these payments in the 2015 adopted budget.
Change in Contract from Prior Procurement: N/A
Recommendation: (approve as submitted) Approved as Submitted.

Advisement Information

BUDGET CODES		FUNDING SOURCE		AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GEN	Revenue Contract:	<input type="checkbox"/>	XXXXXXX	1	HEGEN4500	\$1,250,000.
Control:	HE	County		\$800,000.	2		\$
Resp:	RC4500	Federal		\$	3		\$
Object:	DG9069	State		\$450,000.	4		\$
Transaction:	109	Capital		\$	5		\$
		Other		\$	6		\$
		TOTAL		\$1,250,000.	TOTAL		\$ 1,250,000.

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: Ginny Mundy 227-8589 Date: 6/5/2015

NIFS Certification		Comptroller Certification		County Executive Approval	
I certify that this document was accepted into NIFS.		I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.		Name <u>[Signature]</u>	
Name <u>[Signature]</u>	Name <u>[Signature]</u>	Date <u>7/31/15</u>		Date <u>7/31/15</u>	
Date <u>6/10/15</u>	Date <u>6/10/15</u>	E #:		(For Office Use Only)	

E-155415

RULES RESOLUTION NO. 202 2015

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES
AGREEMENT BETWEEN THE COUNTY OF NASSAU AND NASSAU
HEALTH CARE CORPORATION

Passed by the Rules Committee
Nassau County Legislature
By Voice Vote on 9-9-15
VOTING:
ayes 7 nays 0 abstained 0 recused 0
Legislators present: 7

WHEREAS, the County has negotiated an amendment to a personal services agreement with Nassau Health Care Corporation extending the term and extending payment, respecting the operation of health care facilities, a copy said amendment which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said amendment to the agreement with Nassau Health Care Corporation.

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George Maragos
Comptroller



OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: NASSAU HEALTH CARE CORPORATION

CONTRACTOR ADDRESS: 2201 Hempstead Turnpike, East Meadow, NY 11554

FEDERAL TAX ID #: 11-3465690-01

Instructions: Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in _____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.

The Contract was entered into after a written request for proposals was issued on _____ [date]. Potential proposers were made aware of the availability of the RFP by _____ [newspaper advertisement, posting on website, mailing, etc.]. _____ [#] of potential proposers requested copies of the RFP. Proposals were due on _____ [date]. _____ [#] proposals were received and evaluated. The evaluation committee consisted of: _____

_____ [list members]. The proposals were scored and ranked. As a result of the scoring and ranking (attached), the highest-ranking proposer was selected.

III. ☒ This is a renewal, extension or amendment of an existing contract.

The contract was originally executed by Nassau County on 8/5/2008 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after It was part of a 1999 Acquisition Agreement [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

- ☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**
- ☐ B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

- ☐ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
- ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- ☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. _____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.
- ☐ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.


VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

In addition, if this is a contract with an individual or with an entity that has only one or two employees:

☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No. 87-41, 1987-1 C.B. 296*, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.



Department Head Signature



Date

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 02/04

AMENDMENT

This AMENDMENT (this "Amendment") is dated as of December 31, 2014, between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), and (ii) Nassau Health Care Corporation, a New York State public benefit corporation, having its principal office at 2201 Hempstead Turnpike, East Meadow, New York 11554 (the "NHCC").

WITNESSETH:

WHEREAS, pursuant to the County contract entitled Public Health Services Contract between the County and NHCC, executed on behalf of the County as of November 1, 2007 (the "Agreement") as such may have been amended from time to time, NHCC provides certain contracted health services to the County, which services are more fully described in the Agreement (the services contemplated by the Agreement, the "Services"); and

WHEREAS, the term of the Agreement is from November 1, 2007 until December 31, 2014; and

WHEREAS, the County and NHCC desire to modify the Agreement.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. Amendment of Term. The Agreement shall be amended and thereby extended by ninety (90) days, so that the termination date of the Agreement, as amended by this Amendment shall be March 31, 2015.

2. Extension of Payment: The County shall pay NHCC the sum of One Million Two Hundred Fifty Thousand and 00/100 (\$1,250,000.00) Dollars for the amended term in connection with Contracted Public Health Services other than those in connection with the Institute for Healthcare Disparities as set forth in paragraph 4(1) of the Agreement.

3. Supremacy. In the event of an actual conflict between the terms and conditions set forth above the signature page to this Amendment and (i) those contained in any schedule, exhibit, appendix, or attachment to this Amendment or (ii) the Agreement, the terms and conditions set forth above the signature page of this Amendment shall control.

4. Full Force and Effect. All the terms and conditions of the Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first above written.

NHCC

By: [Signature]
Name: John Smith
Title: President
Date: 4/23/13

NASSAU COUNTY

By: [Signature]
Name: Charles Ribando
Title: **CHARLES RIBANDO**
DEPUTY COUNTY EXECUTIVE
Date: 4/23/13

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 23rd day of April in the year 2015 before me personally came Victor Politi to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President & CEO of Nassau Health Care Corporation, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

Elizabeth A. Faughnan

ELIZABETH A. FAUGHNAN
Notary Public, State of New York
No. 02FA5042572
Qualified in Nassau County
Commission Expires April 24, 2015

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 24 day of November in the year 2015 before me personally came Charles Ribando to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

Concetta A. Petrucci
CONCETTA A. PETRUCCI
Notary Public, State of New York
No. 01726259025
Qualified in Nassau County
Commission Expires April 02, 2016

