

CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus	CONTRACT TYPE		
	Professional Service - Operating		X
	Professional Service - Capital		
	Purchase of Service		
	Preliminary		Final
			X

DEPARTMENT NAME	AGENCY NO.	DEPARTMENT (HIGH) ORG
Human Resources	114	1140

VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.		
72775			X	PO	194	N710796

NAME OF VENDOR	ADDRESS
Morneau Shepell	115 Perimeter Center Place NE Suite 1050 Atlanta, GA 30346

TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	01/01/18 12/31/19	24	\$10,708	\$ 652,000.00

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018	3	0001	194	1921			6005				\$326,000
2019	3	0001	194	1921			6005				\$326,000

PURPOSE OF CONTRACT

Agreement for Products and Services for benefits administration software services - Services include enrollment training, system of records and interface with HRIS/Payroll, and pension and vendor platforms. This effectively extends the 12/31/2017 agreement through 12/31/2019.


Was County Board approval received prior to contract execution or contract amendment or extension?

If YES, give County Board File No. _____ Date Approved _____

If NO, why is County Board approval not required? _____

Was Contract **fully** executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Michael Stanke	12/14/17	Benefits Manager
Prepared By	Date	Title
	12/14/17	Benefits Manager
Signature of County Administrator	Date	Title