

ADDENDUM

MARTINSVILLE CITY COUNCIL AGENDA

May 10, 2016

7:30 pm – REGULAR SESSION ADDENDUM

1. Consider providing assistance to the Henry-Martinsville Health Department in regard to implementation of several capital projects at the facility on Commonwealth Boulevard

Date: May 10, 2016

Item No: Addendum 1.

Department: City Manager

Issue: Consider providing assistance to the Henry-Martinsville Health Department in regard to implementation of several capital projects at the facility on Commonwealth Boulevard.

Summary: The City was recently advised of a desire by the Henry-Martinsville Health Department to implement several capital projects at the facility on Commonwealth Boulevard, utilizing funds available through the Health Department. The specific projects include creating a parking area in front of the building, revising the customer service counter in the lobby, and replacing aged heating and air conditioning equipment. The total cost of the projects is estimated to be approximately \$275,000 and will be paid entirely from Health Department funds.

The assistance to be provided by the City includes staff time related bidding the projects, assisting in administering the projects, and payment of invoices with the Health Department then reimbursing the City for project costs. Since the project involves the City front-funding the costs with reimbursement coming from the Health Department, this matter is being brought to Council's attention for consideration. There is no anticipated impact to the City budget.

Attachments: Project descriptions and letter from the Henry-Martinsville Health Department committing to project funding.

Recommendations: Approval of providing assistance as outlined.

VIRGINIA DEPARTMENT OF HEALTH

REQUEST for APPROVAL to PURCHASE (RAP)

RAP Type: INTERNAL **OCOM Due Date:** **RAP NO:** 2016040007

SECTION 1 OFFICE/DISTRICT INFORMATION:

Date Submitted: 04/01/2016
Cost Code: 016 **Office/District:** WEST PIEDMONT DISTRICT
Division/Work Unit/Program: HENRY-MARTINSVILLE HEALTH DEPARTMENT
Contact Name: ANNE LOVETTE
Contact Phone Number: (276) 6382311 **Title:** BUSINESS MGR C

SECTION 2 PURCHASE DESCRIPTION AND FUNDING REQUIREMENTS:

Identify and Describe the Goods or Services Requested (itemize and explain estimated cost calculations):

FRONT RECEPTION AREA REWORK/FACELIFT

Annual Dollar Amount: \$30,000.00

Fund Source(s):

| <u>Cost Code</u> | <u>Cost Code Desc</u> | <u>COA Code</u> | <u>Fund Code</u> | <u>Program Code</u> | <u>Fund Percent</u> |
|------------------|------------------------|-----------------|------------------|---------------------|---------------------|
| 016 | WEST PIEDMONT DISTRICT | G | 01000 | 440009 | 100 |

SECTION 3 PROCUREMENT BACKGROUND OVERVIEW:

Type Of Purchase: OTHER SERVICES(SERVICES)
Service Contract or MOU:
Projected Procurement Method: QUICK QUOTE
Contract Number:
Time Period for this Approval: **Start Date:** 04/01/2016 **End Date:** 04/12/2016

SECTION 4 PURCHASE JUSTIFICATION:

Specifically Explain How the Purchase is Mission Critical (Only provide necessary details):

THE FRONT RECEPTION AREA IS LITERALLY FALLING APART WITH STORAGE CABINETS THAT ARE BECOMING UNUSABLE DUE TO BROKEN HINGES, DOORS, AND LOCKS. DEATH CERTIFICATE PAPER AND OTHER ITEMS ARE STORED IN THIS AREA THAT REQUIRE SECURITY. THE OTHER CABINETS AND COUNTERS NEED TO BE LOWERED TO MEET STANDARD, DESK HEIGHT TO COUNTERACT THE ERGONOMIC AND PHYSICAL PROBLEMS THAT STAFF ARE HAVING WHEN WORKING IN THIS AREA. THE GLASS WILL HAVE TO BE REPLACED AS WELL AS THE COUNTER TOPS.

How will the Agency's Customers be affected should this purchase be disapproved (Directly and Specifically):

THE CABINETRY AND SECUTIRY PROBLEMS WILL POSE AUDIT ISSUES FOR THE DISTRICT WHEN THE CABINETS/CABINET DOORS COMPLETELY BREAK. THE AREA IS VERY INEFFICIENT AND DOESN'T SERVE OUR CUSTOMERS WELL. A REWORK WILL ALLOW FOR MORE FUNCTIONAL AND EFFICIENT SPACE FOR STAFF AND CUSTOMERS.

SECTION 5 APPROVAL STATUS:

| Status | Status Date | Modified By | Comments |
|----------------------------|--------------------|--------------------|-----------------|
| Office Director (Approved) | 04/01/2016 | JHERSHEY | |
| Submitted | 04/01/2016 | ALOVETTE | |

SECTION 6 ATTACHMENTS:

NO ATTACHMENTS AVAILABLE.

VIRGINIA DEPARTMENT OF HEALTH
REQUEST for APPROVAL to PURCHASE (RAP)

RAP Type: INTERNAL **OCOM Due Date:** 05/04/2016 **RAP NO:** 2016040158

SECTION 1 OFFICE/DISTRICT INFORMATION:

Date Submitted: 04/20/2016
Cost Code: 016 **Office/District:** WEST PIEDMONT DISTRICT
Division/Work Unit/Program: HENERY-MARTINSVILLE HEALTH DEPARTMENT
Contact Name: ANNE LOVETTE
Contact Phone Number: (276) 6382311 **Title:** BUSINESS MGR C

SECTION 2 PURCHASE DESCRIPTION AND FUNDING REQUIREMENTS:

Identify and Describe the Goods or Services Requested (itemize and explain estimated cost calculations):

PAVING PROJECT FOR APPROXIMATELY 32 REGULAR SPACES AND 7 HANDICAPPED SPACES

Annual Dollar Amount: \$60,000.00

Fund Source(s):

| <u>Cost Code</u> | <u>Cost Code Desc</u> | <u>COA Code</u> | <u>Fund Code</u> | <u>Program Code</u> | <u>Fund Percent</u> |
|------------------|------------------------|-----------------|------------------|---------------------|---------------------|
| 016 | WEST PIEDMONT DISTRICT | G | 01000 | 440009 | 100 |

SECTION 3 PROCUREMENT BACKGROUND OVERVIEW:

Type Of Purchase: OTHER PROFESSIONAL SERVICES(SERVICES)
Service Contract or MOU:
Projected Procurement Method: QUICK QUOTE
Contract Number:
Time Period for this Approval: **Start Date:** 04/20/2016 **End Date:** 04/27/2016

SECTION 4 PURCHASE JUSTIFICATION:

Specifically Explain How the Purchase is Mission Critical (Only provide necessary details):

INADEQUATE CURRENT PARKING FOR CLIENTS AND PERSONNEL. OUR OVERFLOW PARKING IS COMBINED WITH THE LOCAL NATIONAL GUARD ARMORY. ANY TIME THE TERROR STATUS RISES, FENCES AND GATES GO UP AROUND THE ARMORY AND ALL PARKING IS PROHIBITED.

How will the Agency's Customers be affected should this purchase be disapproved (Directly and Specifically):

IN ABILITY TO SERVICE CLIENTS AND THE PUBLIC ADEQUATELY. THESE ARE DESPERATELY NEEDED PARKING SPACES.

SECTION 5 APPROVAL STATUS:

| Status | Status Date | Modified By | Comments |
|--------------------------------------|--------------------|--------------------|--|
| Operations Director (Recommended) | 04/25/2016 | JMAYTON | THIS ACTION HAS BEEN DETERMINED TO BE AT THE REQUEST OF VDH AND NOT A LANDLORD RESPONSIBILITY. THIS REQUEST IS APPROVED. |
| Office Director (Approved) | 04/20/2016 | JHERSHEY | |
| Submitted | 04/20/2016 | ALOVETTE | |

SECTION 6 ATTACHMENTS:

NAME

COMMENTS

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VIRGINIA DEPARTMENT OF HEALTH

REQUEST for APPROVAL to PURCHASE (RAP)

RAP Type: EXTERNAL **OCOM Due Date:** 05/20/2016 **RAP NO:** 2016050063

SECTION 1 OFFICE/DISTRICT INFORMATION:

Date Submitted: 05/05/2016
Cost Code: 016 **Office/District:** WEST PIEDMONT DISTRICT
Division/Work Unit/Program: HENRY-MARTINSVILLE HEALTH DEPT.
Contact Name: ANNE LOVETTE
Contact Phone Number: (276) 6382311 **Title:** BUSINESS MGR C

SECTION 2 PURCHASE DESCRIPTION AND FUNDING REQUIREMENTS:

Identify and Describe the Goods or Services Requested (itemize and explain estimated cost calculations):

1 BOILER (1991), 2 GROUND COMMERCIAL A/C UNITS (1978 & 6 SEER), 5 ROOF UNITS (1978 & 6 SEER), AND AIR HANDLER (1978) REPLACEMENTS

Annual Dollar Amount: \$180,000.00

Fund Source(s):

| <u>Cost Code</u> | <u>Cost Code Desc</u> | <u>COA Code</u> | <u>Fund Code</u> | <u>Program Code</u> | <u>Fund Percent</u> |
|------------------|------------------------|-----------------|------------------|---------------------|---------------------|
| 016 | WEST PIEDMONT DISTRICT | G | 01000 | 440009 | 100 |

SECTION 3 PROCUREMENT BACKGROUND OVERVIEW:

Type Of Purchase: OTHER PROFESSIONAL SERVICES(SERVICES)
Service Contract or MOU:
Projected Procurement Method: N/A
Contract Number: CITY OF MARTINSVILLE
Time Period for this Approval: **Start Date:** 05/05/2016 **End Date:** 05/13/2016

SECTION 4 PURCHASE JUSTIFICATION:

Specifically Explain How the Purchase is Mission Critical (Only provide necessary details):

MARTINSVILLE CITY IS LEVERAGING AN EXISTING CONTRACT TO REPLACE THIS OLD AND VERY INEFFICIENT EQUIPMENT. WE CONSTANTLY HAVE NUMEROUS ISSUES WITH THE ENTIRE SYSTEM DURING PEAK DEMAND TIMES.

How will the Agency's Customers be affected should this purchase be disapproved (Directly and Specifically):

CONTINUAL BREAKDOWNS COUPLED WITH HIGH REPAIR & REPLACEMENT COSTS, CONTINUAL HIGH ELECTRIC AND NATURAL GAS BILLS.

SECTION 5 APPROVAL STATUS:

| Status | Status Date | Modified By | Comments |
|----------------------------|--------------------|--------------------|-----------------|
| Dep Comm (Approved) | 05/06/2016 | JMAYTON | APPROVED. |
| Office Director (Approved) | 05/06/2016 | JHERSHEY | |
| Submitted | 05/05/2016 | ALOVETTE | |

SECTION 6 ATTACHMENTS:

NO ATTACHMENTS AVAILABLE.



COMMONWEALTH of VIRGINIA

Department of Health

WEST PIEDMONT HEALTH DISTRICT
P.O. BOX 1032, MARTINSVILLE, VIRGINIA 24114-1032

(276) 638-2311

May 3, 2016

Mr. Leon Towarnicki
Martinsville City Manager
PO Box 1112
Martinsville, VA 24112

Mr. Tim Hall
Henry County Administrator
PO Box 7
Collinsville, VA 24078

Re: Letter of Commitment and Costs Responsibility

Good afternoon gentlemen,

The Health Department has received permission from the Richmond office to work through Henry County and the City of Martinsville to proceed with several projects for the Henry-Martinsville Health Department. The costs will be covered by the Henry-Martinsville Health Department through existing FY 2015-2016 budget funds.

The projects include:

- Paving in front of the building (approximately 33 spaces) at a projected cost of \$60,000,
- Reception area remodel of 3 workstations and frontend at a projected cost of \$30,000,
- HVAC system replacement (2 ground units, 5 roof units, boiler & air handler) at a projected cost of \$177,495,
- Miscellaneous wiring work by Triangle Electric at a cost of \$2,000, and
- Light fixture replacements throughout the building at a projected cost of \$4,950

for a total cost of \$274,495, which will be paid for entirely by the Henry-Martinsville Health Department and from FY2015-2016 funds. Any overages or additional costs above the projected costs will also be paid for by the Henry-Martinsville Health Department.

We thank each locality for the permission to proceed with these projects and for supporting us in acquiring them.

Respectfully,



Anne Lovette, VCA, BA, MBA
Business Manager C/General Manager
West Piedmont Health District
Henry-Martinsville Health Department
PO Box 1032
Martinsville, VA 24114

Reviewed and verified for funding availability by:



J. Henry Hershey, MD, MPH, PhD
Director
West Piedmont Health District
Henry-Martinsville Health Department
PO Box 1032
Martinsville, VA 24114