

**TO BE COMPLETED BY CONTRACTS ADMINISTRATION**

Date Received	Contracts Specialist	Contract #	Amendment #
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**TYPE OF CONTRACT ACTION REQUEST**

Check Only One		Check All That Apply and Provide Additional Applicable Information	
<input checked="" type="checkbox"/> NEW Contract Request	<input checked="" type="checkbox"/> MOA/DSA	<input type="checkbox"/> Open Agency Contract (no encumbrance, purchase orders entered against contract for goods)	<input type="checkbox"/> Mandated – Specify Type: <input type="checkbox"/> State – Legislation:
<input type="checkbox"/> Amendment	<input type="checkbox"/> Extension	<input type="checkbox"/> Federal Funded – Federal Award #	<input type="checkbox"/> Federal Grant Source:
<input type="checkbox"/> Renewal	<input type="checkbox"/> Termination	<input type="checkbox"/> Certified Cost/Cash Contribution or In-kind Match Required	
<input type="checkbox"/> Sole Source/Brand			
<input type="checkbox"/> Revenue Contract	<b>GRANTS APPROVAL REQUIRED (PAGE 3) FOR ALL REVENUE CONTRACTS</b>		

**PROGRAM INFORMATION**

Program	Office	Unit
Heath Protection	Epidemiology	Acute Disease/ Drug Surveillance
Business Owner's Name	Business Owner's Phone #	Business Owner's Email Address
Kathleen Curtis	404-657-2567	kathleen.curtis@dph.ga.gov
Cube #	Business Owner's Address (If not at 2 PT)	
14-232		

**CONTRACT TERMS**

Original Contract or Renewal Begin Date	Current Contract or Renewal End Date	Requested Begin Date Of This Action	ASAP	Requested End Date
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\*NOTE: Begin Date will be changed if this contract is not executed by the requested begin date.

Original Contract, New Contract or Renewal Contract Amount	\$31,326
Amount of Amendment: <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	
<b>Total Contract Amount including requested amendment (New Total)</b>	<b>\$31,326</b>

**TO BE COMPLETED BY BUDGET (Attach Budget Continuation Sheet if needed)**

No funding involved (Budget Approval Not Required)

PLEASE PRINT LEGIBLY	Line 1	Line 2	Line 3	Line 4	Line 5
Account					
Fund	10100	10100	10100	10100	10100
Dept ID/Org Code					
Fund Source					
Sub Program					
Speedchart (Project)					
Class	312	312	312	312	312
CFDA #					
Obligation / Deobligation Amount	\$31,326				
Last Day to Encumber	8/29/2020				
Last Day to Liquidate	9/30/2020				

_____	_____	_____	_____
Budget Representative Signature	Printed Name	Date	Phone Number

**CONTRACTOR INFORMATION (Do Not Enter if Solicitation)**

Current Contract Number (If Applicable)			
Legal Name of Contractor	PeopleSoft Vendor ID #	PeopleSoft Location	FEI/SSN
DeKalb County Medical Examiner			
Programmatic Contact Address	City	State	Zip
3550 Kensington Rd	Decatur	GA	30032
Programmatic Contact Name	Phone Number	Email	
Patrick Bailey	(404) 508-3500	plbailey@dekalbcountyga.gov	
Business Contact Address	City	State	Zip
3550 Kensington Rd	Decatur	GA	30032
Business Contact Name	Phone Number	Email	
Patrick Bailey	(404) 508-3500	plbailey@dekalbcountyga.gov	
Type of Business	Current PO # (If Applicable)		
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Corporation <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Minority <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Other			

**Critical Incident Reporting (Not required if MOA and no funding involved)**

<input checked="" type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Sub-recipient (Questionnaire is available to make determination if needed)	<b>CONTRACTOR DUNS NUMBER (Required):</b>
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**CONTRACT DETAILS (Attach Continuation Sheet if Needed)**

**Scope of Work (Brief Description of Purpose of Contract. Attach additional Scope of Work on separate page)**

The collaboration between the Department and the Contractor to operate the Overdose Data to Action (OD2A). OD2A is part of the Centers for Disease Control and Prevention (CDC). OD2A links mortality data to medical examiner reports and coroner's reports to create a census of unintentional drug overdose in Georgia.

Funding provided by the CDC will be allocated to provide DeKalb County Medical Examiner with the resources to conduct 132 toxicology tests on suspected unintentional drug overdose death.

This Amendment shall be effective ASAP and will automatically renew each year for additional one year periods until terminated in writing by both parties.

**Contractor Responsibilities (Include details and deadlines required of Contractor. Attach additional Responsibilities on separate page)**

Contractor shall complete the following actions, tasks, obligations and responsibilities:

1. Conduct 138 toxicology test on deaths that are suspected accidental drug overdose
2. Compilation and delivery biweekly of an electronic drug overdose report derived from the toxicology testing. Information shall include decedent and offender data, but no personal identifiable information is reported. Data elements transmitted include date, month and year of the incident; the ORI code for the reporting agency; the age, sex, race and ethnicity of the victim and offender; the toxicology reports; and the circumstances of the event. Reports shall be in electronic format and transmitted to DPH within two months of receipt.

**Toxicology Test Criteria**

Expand toxicology testing. The following criteria will be used to expand testing for designer opioids by testing the following cases using the NMS Laboratory Designer Opioid Panel:

Cases tested by the Toxicology Laboratory that test positive for Hydrocodone, Oxycodone, Fentanyl, Acetyl Fentanyl, Carfentanyl, Furanyl Fentanyl, 6-MAM, or Morphine or other emerging opioids.

Cases that have strong investigative evidence of an illicit drug overdose, but have tested negative on routine drug screen (these cases will have the Extended Drug Panel test performed, followed by the Designer Opioid Panel if indicated)

Cases with strong investigative evidence of suicide or accidental overdose with prescribed opioids will be EXCLUDED from this expanded testing

**Deliverables (Reports due – be specific – explain what is due and when it is due. Attach additional Deliverables on separate page)**

1. Conduct 138 toxicology test on deaths that are suspected accidental drug overdose
2. Compilation and delivery biweekly of an electronic drug overdose report derived from the toxicology testing. Information shall include decedent and offender data, but no personal identifiable information is reported. Data elements transmitted include date, month and year of the incident; the ORI code for the reporting agency; the age, sex, race and ethnicity of the victim and offender; the toxicology reports; and the circumstances of the event. Reports shall be in electronic format and transmitted to DPH within two months of receipt.

**DPH Responsibilities (Note: Not Required. Attach additional Deliverable on separate page)**

Funding to DeKalb County Medical Examiner through an interagency contract to support 138 toxicology testing:

- a. Drug Overdose tests for a total of \$31,326 which consists of 138 test at \$227/test.
- c. Provide a list of drug overdose death cases as made available from the Georgia Vital Records to Gwinnett County Board of Commission.
- d. Data security, confidentiality and privacy of data transmitted from the DeKalb County Medical Examiner by storing data in password-protected computers, restricted access and the secure transmission of de-identified data to the CDC.



APPROVALS					
Business Owner Name (Printed)		Business Owner Signature Approval		Date	
Kathleen Curtis					
Program Director Name (Printed)		Program Director Signature Approval		Date	
Cherie Drenzek					
Executive Leadership Name (Printed)		Executive Leadership Signature Approval		Date	
Kathleen Toomey					
Required	N/A	Approval Required from	Approval Signature	Date	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Communications			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information Technology			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Training			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grants Admin (Revenue Contracts)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chief Financial Officer (If hotel or conference expenses are funded)			
TO BE COMPLETED BY PROCUREMENT SERVICES					
Type of Contract (Check All That Apply)		Name of Approver (Printed)	Approval Signature	Date	
<input type="checkbox"/> New Contract <input type="checkbox"/> Exempt <input type="checkbox"/> Sole Source/Brand <input type="checkbox"/> Solicitation <input type="checkbox"/> Revenue Contract <input type="checkbox"/> Open Agency	<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Extension <input checked="" type="checkbox"/> MOA/DSA <input type="checkbox"/> Termination				
		Explanation of Exemption/Comments			