



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, Superintendent of Public Instruction


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June 2, 2017

Memorandum

To: Marie Pitre-Martin

From: John Pruette 

Subject: Intent to Contract
 Requisition No. RO20485195 Amendment 6
 (Required for Service Contracts Greater Than \$5,000)

Important Information: Approval of this Memorandum of Intent to Contract is required prior to initiating the contract process. It does not constitute a contract, nor does it imply that a contract will be approved. In that regard, please note that no contractor work can begin until a contract has been approved and signed by both parties. Signed contracts will be returned to the listed DPI Contract Contact Person by the DPI Purchasing and Contracts Section.

Instructions: The questions/information in this memorandum must be completed, and the appropriate approvals obtained prior to initiating a Request for Proposal (RFP) or any contract paperwork, including amendments. All appropriate requested questions and information must be answered and completed, or the form will be returned. If approved, the original memorandum will be forwarded to the Purchase and Contracts Section, and a copy will be returned to the division. If not approved, the original memorandum will be returned to the division.

1. Please complete the following information (If you will use competitive bidding, please insert a short name for the RFP or other bid instrument in the place for Contractor Name; for example: RFP for Parking Services, and do not complete the contract amount or contract dates.)

Contractor Name: Public Consulting Group, Inc.

Contract Amount (if this request amends the amount, please enter the amended amount): \$12,000 + \$60,000 + \$120,000 + \$60,000 = \$360,000

Contract Dates: June 15, 2014-June 30, 2018

DPI Contract Contact Person and Telephone Number: Melba Strickland, (919) 807-3946

2. **Is this a contract amendment? If so, please explain fully why you are amending it.**
 (Note: If the amendment is for a date extension only, do not answer questions #3 through #12)
YES. In order for the Office of Early Learning Sensory Support Program to continue using PCG's services, we are adding \$60,000 to the existing contract for a total of \$360,000. We are also extending the contract from June of 2017 to June of 2018.

OFFICE OF EARLY LEARNING

John R. Pruette, M.Ed., Executive Director | john.pruette@dpi.nc.gov | <http://dpi.state.nc.us/earlylearning/>

2075 Mail Service Center, Raleigh, North Carolina 27699-2075 | (919) 807-3946

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

3. **Why are you initiating a contract? What services will you require?** *PCG is the vendor that operates the Office of Early Learning's Medicaid billing system for the Early Learning Sensory Support Programs.*
4. **How does the contract add value to the teaching/learning process?**
Revenue maximization will ensure that sensory support services to infants and toddlers with hearing and vision loss are more financially stable and can increase capacity to reach more children.
5. **Is the service unique and not repetitive with agency activity or other contracts? Please state why this service cannot be performed within the resources of the agency.** *The Department does not have the expertise or the infrastructure to conduct Medicaid billing and oversight. There are approximately 70 individual providers (teachers) who are billing for services from all counties in North Carolina. Therefore, we need to contract with a company that has the necessary Medicaid expertise as well as an existing on-line billing system.*
6. **What is the impact, if you do not contract for these services?** *We will not be able to access Medicaid dollars to enhance the current state funded budget of the Early Learning Sensory Support Program.*
7. **If this contract is being paid with grant money, does the grant require the contracted services? Please describe the grant references to these contracted services, and give a synopsis of the grant.** *NO. This contract is paid for out of the Medicaid funding received.*
8. **Will you use competitive bidding (e.g., RFP?)** If yes, skip the remaining questions # 9 through # 12. *YES. This was put into a bid.*
9. **Are you using an IT Supplemental Staffing Convenience Contract or other type of convenience contract?** If yes, please skip question # 10 and complete questions # 11 and # 12. *NO*
10. **Do you plan to request sole sourcing for this contract?** If yes, please complete and attach the required sole source justification memorandum. Sole sourcing is warranted whenever only one acceptable source can be found; sole sourcing should never be the first consideration. **(Important:** The approval of the DPI Section Chief for Purchasing and Contracts, and approval by the Division of Purchasing and Contracts or ITS Procurement Services is required for sole sourced contracts.)
11. **Have you contracted with this vendor previously for related services?** If yes, please provide the contract number of all contracts with this vendor during the last twelve months. *YES*
12. **How did you calculate the cost (e.g., what is the cost per hour and number of hours?)** If the cost per hour is above the DPI maximum for that type of service per the New Service Contract Policies, please attach the required written permission granted by the Deputy Superintendent. *Cost is based on previous invoice received.*

1. Is this contract for information technology services?

No

14. If this is a personal service contract request, is the vendor/contractor a retiree?

_____ Yes XX No

If answer is yes, is individual a member of:

_____ TSERS (Teachers & State Employees Retirement System)

_____ Other (Please Explain) _____

Requisition No. RQ20485195 Amendment 6

Budget Code: 532199 140023480 400

Signed: Inya Hall Date: 6/9/17
Budget Representative

Requisition No. RQ _____

Approved: Yes No _____

Signed: W. Price-Martin Date: 6/5/2017
Supt./Deputy Supt./Appropriate CFO/CAO/CIO

For Technology Contracts Only:

Approved: Yes _____ No _____

Signed: _____ Date: _____
Chief Information Officer

Approved: Yes _____ No _____

Signed: _____ Date: _____
Associate Superintendent