

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE DIRECTOR OF HUMAN RESOURCES TO EXECUTE AN AGREEMENT WITH ONSITE Rx, INC. TO PROVIDE ONSITE PHARMACY SERVICES FOR CITY EMPLOYEES, RETIREES, AND DEPENDENTS COVERED UNDER THE CITY'S HEALTH PLAN AND FOR ON THE JOB INJURIES AT THE RATE OF NINETEEN AND 35/100 DOLLARS (\$19.35) PER EMPLOYEE PER MONTH (PEPM) FOR A CONTRACT PERIOD OF THREE (3) YEARS WITH ADDITIONAL TWO (2) ONE (1) YEAR RENEWAL TERM OPTIONS.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Director of Human Resources to execute an agreement with OnSite Rx, Inc. to provide onsite pharmacy services for City employees, retirees, and dependents covered under the City's health plan and for on the job injuries at the rate of \$19.35 per employee per month (PEPM) for a contract period of three (3) years with additional two (2) one (1) year renewal term options.

ADOPTED: _____, 2013

/mms

City of Chattanooga



Resolution Request Form

(This form is only required for resolutions requiring expenditure of City funds)

Date Prepared: 11-11-2012

Preparer: Madeline Green

Department: Human Resources

Brief Description of Purpose for Resolution:

Resolution Number (if approved by Council):

A resolution to authorizing the Director of Human Resources to execute an agreement with OnSite Rx, Inc. to provide onsite pharmacy services for City employees, retirees and dependents covered under the City's healthplan and for on the job injuries at the rate of \$19.35 Per Employee Per Month (PEPM) for a contract period of three years with a additional two one year renewal term options.

Name of Vendor/Contractor/Grant, etc.	_____	New Contract/Project? (Yes or No)	_____ Y
Total project cost \$	_____ 678,024.00	Funds Budgeted? (YES or NO)	_____ Yes
Total City of Chattanooga Portion \$	_____ 678,024	Provide Fund	_____ 6523
City Amount Funded \$	_____ 678,024	Provide Cost Center	_____ E10301, 701202
New City Funding Required \$	_____ 0	Proposed Funding Source if not budgeted	_____
City's Match Percentage %	_____	Grant Period (if applicable)	_____

List all other funding sources and amount for each contributor.

Amount(s)	Grantor(s)
_____	_____
\$ _____	_____
\$ _____	_____

Agency Grant Number _____

CFDA Number if known _____

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, accounting, City Attorney, City Finance Officer and Deputy Administrator Finance