Additional Information Regarding Vendors Performing Work in Replacement of State Employees

This document contains copies of purchase order contracts obtained by OMB by which a nongovernmental person or entity agrees with any department, commission, board, council, agency, or public corporation to provide services, valued at one hundred fifty thousand dollars ($150,000) or more, which are substantially similar to and in replacement of work normally performed by an employee of the department, commission, board, council, agency or public corporation. For additional supporting contract documents, you may submit a public records request to the Department of Administration in accordance with the Rhode Island Access to Public Records Act (“APRA”), R.I. Gen. Laws § 38-2-1 et seq. APRA forms, procedures and other information for the Department of Administration are available at http://www.admin.ri.gov/publicrecords/index.php.

Fiscal Year: FY19

Agency: Department of Corrections

Vendor Name: BROWN MEDICINE

Total Amount Paid to Vendor for Services: $491,477.69

Summary of Services Rendered to Agency:

<table>
<thead>
<tr>
<th>Identifying Code</th>
<th>Service Type</th>
<th>Description</th>
<th>Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO 3565612</td>
<td>Doctors, Specialists, Medical Consultants, Dentists</td>
<td></td>
<td>$491,477.77</td>
<td></td>
</tr>
</tbody>
</table>

Note: Some of the above payments may have been made under the terms of a master price agreement (MPA). MPAs are solicited as requests for proposals or requests for quotes and may have cap limits for pricing and cap limits for project cost. MPAs provide agencies with access to qualified vendors, expedited process, and opportunities for mini-bids. Such purchases are made directly under the MPA and do not require a separate and unique contract. All MPAs are public and can be viewed at http://www.purchasing.ri.gov/MPA/MPA_Search.aspx.

Contents:

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Document ID</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>PO 3565612</td>
<td>Purchase Order contract</td>
<td></td>
</tr>
</tbody>
</table>
ITEM 1
Notice of Contract Purchase Agreement

State Of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908-5860

APA-17522 ON-SITE PRIMARY CARE PHYSICIAN SERVICES (DOC)

<table>
<thead>
<tr>
<th>Award Number</th>
<th>3565612</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision Number</td>
<td>4</td>
</tr>
<tr>
<td>Effective Period</td>
<td>25-APR-2018 - 07-NOV-2019</td>
</tr>
<tr>
<td>Approved PO Date</td>
<td>30-SEP-2019</td>
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<tr>
<td>Vendor Number</td>
<td>1573</td>
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<table>
<thead>
<tr>
<th>Type of Requisition</th>
<th>ARCH, ENG &amp; CONSULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requisition Number</td>
<td>1497332</td>
</tr>
<tr>
<td>Change Order Requisition Number</td>
<td>DOC-NLH-1001</td>
</tr>
<tr>
<td>Solicitation Number</td>
<td>7551484</td>
</tr>
<tr>
<td>Freight</td>
<td>Paid</td>
</tr>
<tr>
<td>Payment Terms</td>
<td>NET 30</td>
</tr>
<tr>
<td>Buyer</td>
<td>Walsh, Gail</td>
</tr>
<tr>
<td>Requester Name</td>
<td>Higham, Nancy L</td>
</tr>
<tr>
<td>Work Telephone</td>
<td>401-462-5164</td>
</tr>
</tbody>
</table>

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island’s purchasing regulations, available at www.purchasing.ri.gov.

CHANGE ORDER TO PO# 3565612

CHANGE TO DATE:
FROM: 04/25/2018 - 09/07/2019
TO: 04/25/2018 - 11/07/2019

INCREASE TO CONTROL VALUE:
CONTROL VALUE: $795,355.26
INCREASE CONTROL VALUE: $50,000.00
REVISED CONTROL VALUE: $845,355.26

REASON/JUSTIFICATION:
EXTENDING AWARD 3565612 THRU 11/7/19 OR UNTIL THE NEW AWARD ISSUED, WHICHEVER OCCURS FIRST.

INVOICE TO

The State of Rhode Island accepts electronic invoices via its supplier portal. To register and submit electronic invoices, visit the supplier portal at http://controller.admin.ri.gov/iSupplier/isup/index.php

To submit paper invoices, mail to: Department of Administration Controller, One Capitol Hill, 4th Floor, Providence 02908.
WHEN THE NEW AWARD IS ISSUED, AWARD 3565612 WILL NO LONGER BE VALID.

Reference Documents: 3565612 ATTACH.pdf

INVOICE TO

The State of Rhode Island accepts electronic invoices via its supplier portal. To register and submit electronic invoices, visit the supplier portal at http://controller.admin.ri.gov/iSupplier/isup/index.php

To submit paper invoices, mail to: Department of Administration Controller, One Capitol Hill, 4th Floor, Providence 02908.
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF CORRECTIONS

CONTRACT AMENDMENT

This agreement with the State of Rhode Island, Department of Corrections (DOC), and Brown Medicine, 110 Elm Street, 2nd floor, Providence, RI 02903 (collectively referred to as "the parties") is an amendment to Purchase Order Award 3565612 for providing primary care and the original Contractual Agreement between the parties dated 07/12/2017. This Amendment is an agreement to add a 60-day extension to Purchase Order Award 3565612 for the time period of 09/18/2019 to 11/07/2019, in accordance with the provisions of the original contract.

The total dollar value of this amendment will be $50,000 and Brown Medicine will continue to provide the services outlined in PO#3565612. All other agreement commitments will remain in effect unless further amended in writing by mutual agreement.

If this contract or a portion of this contract is supported with federal funds, the vendor agrees to comply with all federal regulations/guidelines outlined and/or referred to in the Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, which can be located at www.federalregister.gov.

This agreement will be valid only upon the issuance of an official change order from the State of Rhode Island, Division of Purchases.

IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives, within the parameters identified above.

For the Contractor:

By: [Signature]

Title: [Title]

Date: 9/16/19

For the State of Rhode Island, Department of Corrections:

By: [Signature]

Title: [Title]

Date: 9/23/19

REVIEWED BY:

[Signature]
**CRITICAL EXPENSE REQUEST FORM**

**DATE:** 9/20/2019  
**AGENCY DOCUMENT I.D. #**

**REQUISITION NUMBER:**

**REQUESTED DOCUMENT TO CREATE**  
(Please check appropriate boxes)

- Blanket Release
- Change Order  [x]
- Contract Release
- Purchase Agreement
- Standard Purchase Order

**TYPE OF REQUISITION**

- Other  [x]
- Arch, Eng, & Consult
- Construction
- Delegated Authority
- Emergency
- Grants
- IT Purchase
- Leg Grant
- Legal Services
- Single/Sole Source

**DESCRIPTION OF CRITICAL REQUEST**

Description of Critical Request:
Brown Medicine PO#3565812 60-day contract extension

Reason/Justification of Critical Need:
An extension is needed for Brown Medicine to continue providing their services to the RI Department of Corrections.

**CONTACT PERSON:** Pauline Marcussen  
**PHONE NUMBER:** 462-3880

**ASSISTANT DIRECTOR:**

**SIGNATURE**

**AGENCY DIRECTOR:** Patricia A. Coyne-Fague, Esq.

**PRINTED NAME**

**DATE:** 9/20/2019  
**DIRECTOR'S SIGNATURE & DATE:** 9/23/19

Rev: 12/2016