PROCUREMENT & WAREHOUSING SERVICES

FINANCIAL ANALYSIS WORKSHEET

BID INFORMATION			
New Bid # (Ex: 10-004R):		**Preparation Date:**	June 20, 2019
Previous Bid # (Ex: 10-004R):	18-001V	**Buyer/PA:**	CHUCK HIGH
New Bid Award Total:	$24,455,722	**Bid Title:**	SPEECH - LANGUAGE PATHOLOGY AND AUDIOLOGY SERVICES
Previous Award Total:	$16,500,000		
Bid Type:	INCREASE TO BID		
Previous Bid Term (Start Date):	7/1/2017	**New Bid Term (In Months):**	
Previous Bid Term (End Date):	6/30/2020	**# of Months Into Bid:**	23

SPEND REPORTING	
Purchase Order(s) Spend:	$16,070,902
P Card Purchases:	$0
Total Invoiced-to-Date Amount (PO + Pcard Purchases):	**$16,070,902**
Average Monthly Expenditure:	$698,735
Unused Authorized Spending:	**$429,098**
Est. Forecasted Spend (For Entire Bid Term):	

VENDOR INFORMATION		
Awarded Vendors:	**M/WBE Status (If applicable):**	**Spend:**
118973-SPEECH REHAB SERVICES LLC		$ 5,334,053
114361-BOCA SPEECH CENTER		$ 3,658,551
122830-INVO HEALTHCARE ASSOCIATES LLC		$ 2,480,857
114358-COMMUNITY REHAB ASSOCIATES INC		$ 2,247,024
112261-EBS HEALTHCARE STAFFING SERVICES IN		$ 1,378,810
131735-ORANGE TREE STAFFING LLC		$ 574,060
126691-COMPREHENSIVE THERAPY CONSULTANTS		$ 300,987
125035-PIERCE, SONDRA M		$ 67,846
123251-ALL SOURCE RECRUITING GROUP INC		$ 23,714
112270-SHC SERVICES INC		$ 5,000
	PO VENDOR SPEND:	**$ 16,070,902**
	P-CARD SPEND:	**$ -**
	TOTAL SPEND:	**$ 16,070,902**

NOTES (Type Below):

Award Amount: $16,500,000. Spending authority needed for 12 months: $7,955,722. The total Spending authority requested: $24,455,722.

Spending Per Location		
Ordering Location	**Number of PO's**	**Sum of Total Spend**
Special Ed Ops	21	$11,336,443.91
ESE	12	$4,268,370.50
Head Start/Early	8	$131,472.00
Innovative Prog.	7	$334,615.16
TOTAL		**$16,070,901.57**

Spending rationale based on historical expenditures

Historical Average Monthly Expenditures	$698,735
Number of months	12
Estimated forecast spend	$8,384,820
Less unused authorized appending	$429,098
Total requested spending authority (rounded)	**$7,955,722**

Default Funding Source*		Department/School & Sign-off Information*	
Cost Center	**2610097800**	**Name** (First & Last)	**Mary Claire Mucenic**
Fund	**1000**	**Title**	**Director**
Functional Area	**5250791120000000**	**Department/School Name**	**ESLS Department**
Commitment Item	**53150000**	**Sign-off provided by**	**Jose Laverde, Ph.D.**

*To ensure accuracy, pease type in or select from the menu for the Default Funding Source and Department Information (No hand written information)

Data Source: SAP and Works (Bank of America system)	**Prepared on:**	**7/7/2019**

All information included in this summary is based on the preparation date listed above and may change at any time beyond that date.